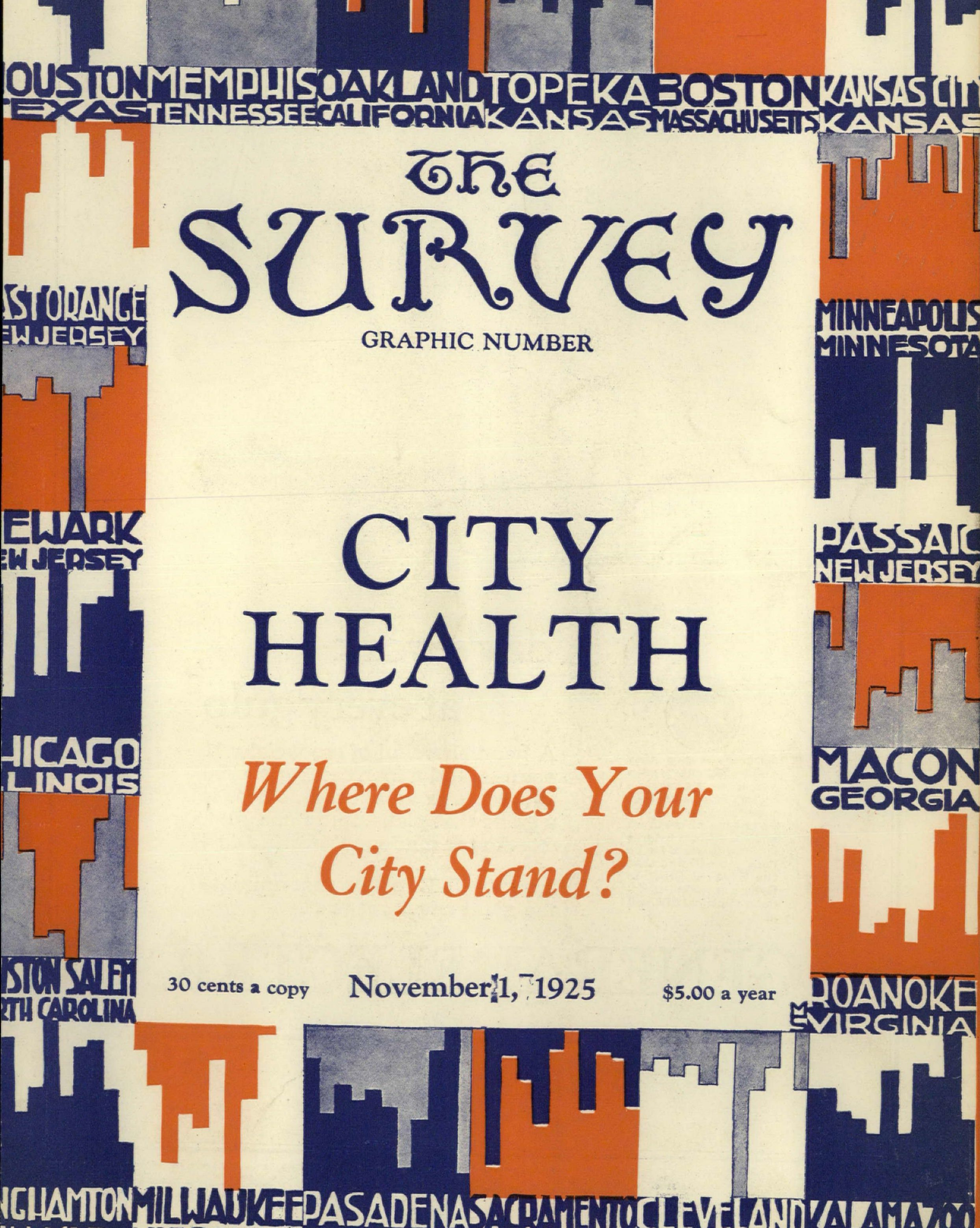

THE SURVEY

GRAPHIC NUMBER

CITY HEALTH

Where Does Your City Stand?

30 cents a copy November 1, 1925 $5.00 a year

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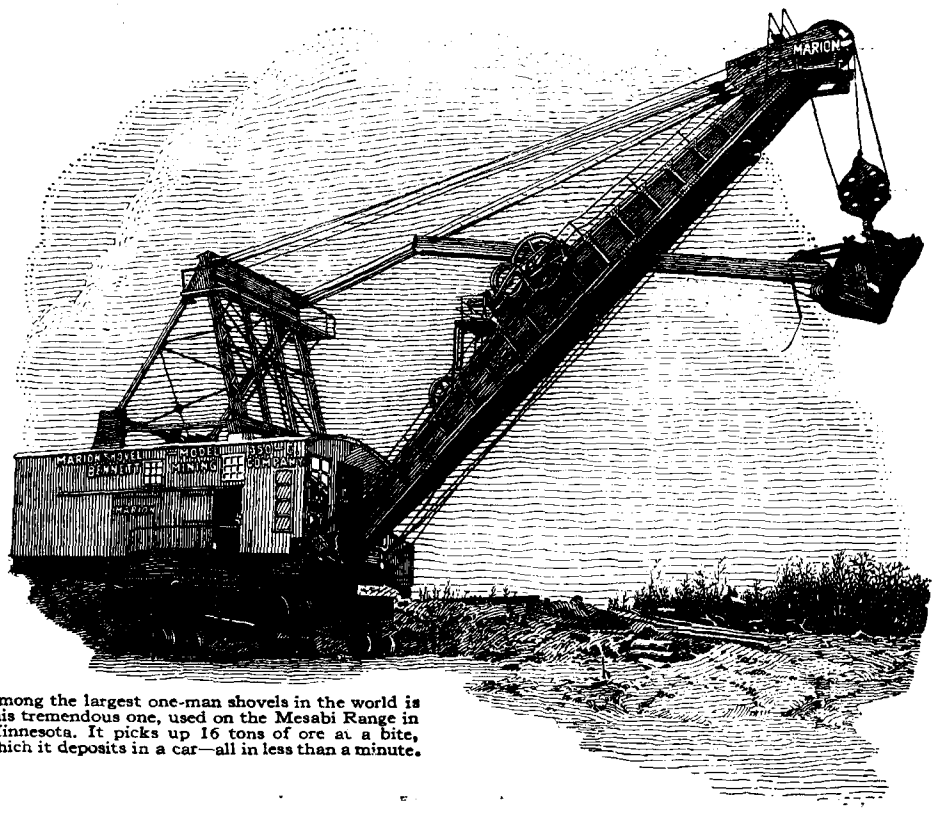

Among the largest one-man shovels in the world is this tremendous one, used on the Mesabi Range in Minnesota. It picks up 16 tons of ore at a bite, which it deposits in a car—all in less than a minute.

A day's work at every gulp

Surgeons use a tiny G-E MAZDA lamp when they examine an ear. Miners use G-E motored hoists to remove tons of ore from a mine. Wherever there is difficult work to be done you will find that the General Electric Company makes something electrical that will help.

A hand shovelful of ore weighs 21 pounds, and a man can handle 200 shovelfuls in an hour. But here is a giant that picks up, in one gulp, more than a man can shovel in a day!

And the G-E motors that animate the giant never get tired.

GENERAL ELECTRIC

THE SURVEY, published semi-monthly and copyright 1925 by SURVEY ASSOCIATES, Inc., 112 East 19th Street, New York. Price: this copy (November 1, 1925; Vol. LV, No. 3) 30 cts.; $5 a year; foreign postage, $1 extra; Canadian 60 cts. *Changes of address should be mailed us two weeks in advance.* When payment is by check a receipt will be sent only upon request. Entered as second-class matter March 25, 1909, at the post office, New York, N. Y., under the Act of March 3, 1879. Acceptance for mailing at a special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized June 26, 1918. President, Robert W. de Forest. Secretary, Ann Reed Brenner. Treasurer, Arthur Kellogg.

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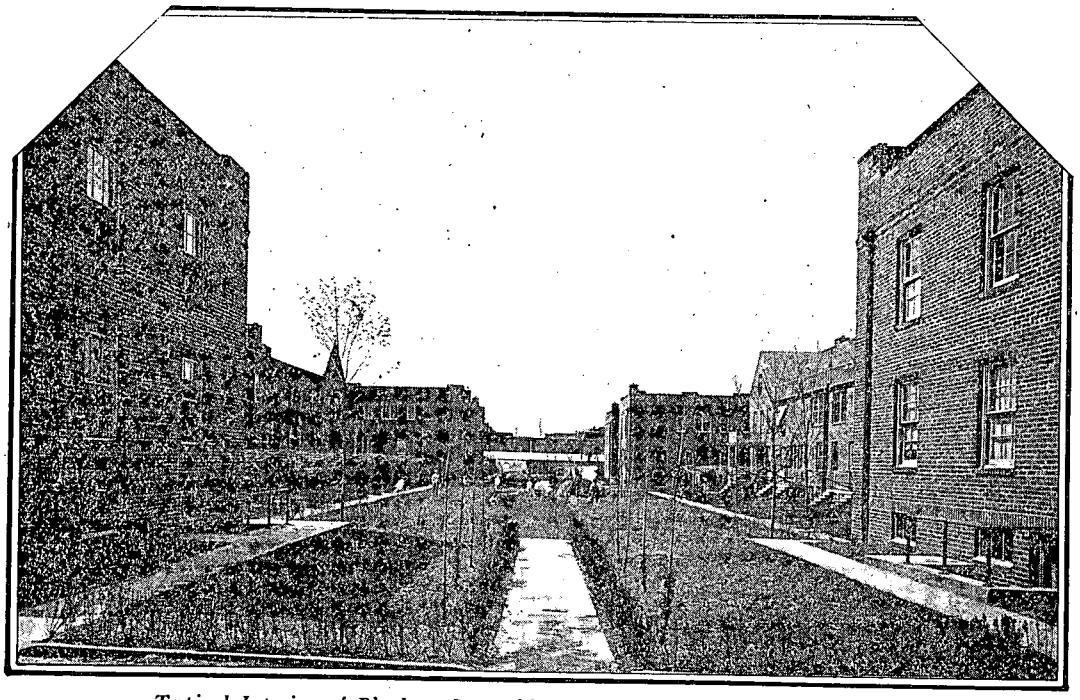

Typical Interior of Block at Sunnyside, Long Island City. Fifteen Minutes from 42nd Street, Manhattan, by subway: 5c fare. Garden Homes for 1000 Families. Sold—not Rented—at about $10 per room per month. Only 30% of the land is built on—70% left for playgrounds and gardens. All houses are only two rooms deep, giving a maximum of sunlight, fresh air and cross ventilation.

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No Such Free Homes

As St. Rose's Home on the Lower East Side of New York, or Rosary Hill Home on the Westchester Hills, an hour away from the city, exist from North to South in the United States.

They are for cancer-cases that are destitute and pronunced incurable; and absolutely no pay is received from relatives or the State.

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Please help to complete our Fund for a fireproof Country Home for our present members of 60 or more such men and women of all Creeds and Nationalities.

MOTHER M. ALPHONSA LATHROP, O. S. D.,

Treasurer, The Servants of Relief

Rosary Hill Home, Hawthorne, N. Y.

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912, of SURVEY GRAPHIC, published monthly at New York, N. Y., for October 1, 1925.

State of New York, } ss.
County of New York, }

Before me, a Commissioner of Deeds, in and for the State and county aforesaid, personally appeared Arthur Kellogg, who, having been duly sworn, according to law, deposes and says that he is the business manager of the SURVEY GRAPHIC, and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation), etc., of the aforesaid publication, for the date shown in the above caption, required by the Act of August 24, 1912, embodied in section 411, Postal Laws and Regulations, printed on the reverse side of this form, to wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are: Publisher, Survey Associates, Inc., 112 East 19 Street, New York City; Editor, Paul U. Kellogg, 112 East 19 Street, New York City; Managing Editor, Geddes Smith, 112 East 19 Street, New York City; Business Managers, Arthur Kellogg, John D. Kenderdine, 112 East 19 Street, New York City.

2. That the owner is: (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding one per cent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a firm, company, or other unincorporated concern, its name and address, as well as those of each individual member, must be given.) Survey Associates, Inc., 112 East 19 St., New York City, a non-commercial corporation under the laws of the State of New York with over 1,700 members. It has no stocks or bonds. President, Robert W. deForest, 30 Broad Street, New York, N. Y.; Vice-Presidents, Julian W. Mack, 1224 Woolworth Building, New York, N. Y.; V. Everit Macy "Chilmark," Scarborough-on-Hudson, N. Y.; Secretary, Ann R. Brenner, 112 East 19 Street, New York, N. Y.; Treasurer, Arthur Kellogg, 112 East 19 Street, New York, N. Y.

3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state.) None.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

[Signed] ARTHUR KELLOGG, Business Manager

Sworn to and subscribed before me this 25th day of September, 1925.

[Seal] MARTHA HOHMANN, Commissioner of Deeds, City of New York. New York Co. Clerk's No. 148. New York Co. Register's No. 26032. My Commission Expires May 20, 1926.

$1.00—New Edition—$1.00

Mind in the Making

or

The Relation of Intelligence to Social Reform

By James Harvey Robinson

James Harvey Robinson, author of "The Mind in the Making," and Joseph K. Hart, associate editor of Survey Graphic at Frederic C. Howe's School of Opinion at Siasconset, Mass. Mr. Howe and the Atlantic Ocean are behind the School and do not show in the picture. They were snapped red-handed in a plot to make people use their minds as well as their fingers and feelings.

James Harvey Robinson: "As an old stoic proverb has it, men are tormented by the opinions they have of things, rather than by the things themselves. This is eminently true of many of our worst problems today. We have available knowledge and ingenuity and material resources to make a far fairer world than that in which we find ourselves, but various obstacles prevent our intelligently availing ourselves of them. . . . In short, how are we to rid ourselves of our fond prejudices and *open our minds?*"

Joseph K. Hart: "Few people ever knowingly begin a book that is likely to challenge their prejudices and make them uncomfortable. . . . Reviews help in this by giving readers advance notice of books to be avoided on pain of being stirred into thought. A single book might start a new age if it were widely read. Such a book is Prof. James Harvey Robinson's 'The Mind in the Making'."

H. G. Wells: "When I come to reckon up this American visit, I think I may well feel that the encounter of most importance and likely to have the greatest lasting effect upon me is meeting and talking to Prof. James Harvey Robinson and reading his fascinating book."

The new Survey Associates Edition of "The Mind in the Making" at $1.00 is printed from the plates of the original edition, of which 100,000 copies were sold at $2.50 each. Cloth bound. 238 pages including the final chapter, "Some Suggestions in Regard to Reading."

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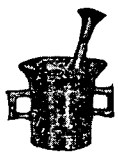
Gifts that will ne'er be forgotten,

In your home, they will e'er be your pride

A-62 — The Bradford. A prize - winning design. It is 7½" long and 2¾" wide. It was never priced so low .. $2.75



A-75 — Dinner bell. Solid brass. A miniature mortar and pestle. 2" high. $1.25

A - 145 — Christmas candlesticks. 3" high. Price, the pair .. $1.10

A-94—Cake tray in brass. Not hammered. 9½" long and 7" wide. Special.....$3.00
B-94—Sandwich tray. Same as A-94, except flat, without base. Price.....$2.75

A-21 — Colonial bedroomstick. Solid brass. 4" high. Special, each..$1.95

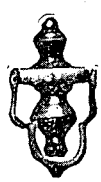
B-160 — Lady Elizabeth. English dinner bell. Brass. 3¼" high. Special..$1.00

A-29 — Brass wall - sconce. Back is 9¼" long. Arm extends out 5". Specially priced, each .. $2.95

A-63 — Bud vase. Hammered brass. About 6" tall. A good prize suggestion for your whist party. Specially priced 95c.

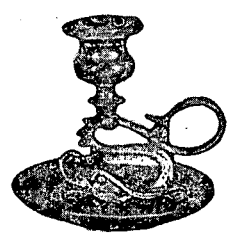
A-165 — Candleholder in brass or copper. 4" high. Special .. 95c

A-78—Card-tray. In brass or copper. A very fine piece for the reception-table. It is 3⅛" high and 6⅛" in diameter. It could also be used as a candy tray. Not hammered. Specially priced $2.00

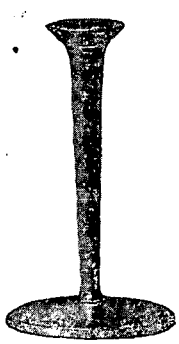


A - 162 — The Renfrew. Solid brass. 3¾" long and 2" wide. Carries the semblance to a coat of arms. Specially priced...$1.25

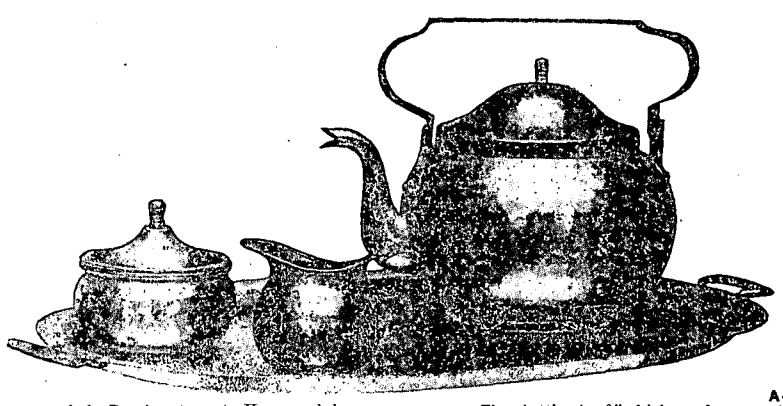
A-142—The proverbial Cheshire Cat. Solid brass. 3½" long. Its pedigree dates back to "merrie old England." Specially priced...$1.10



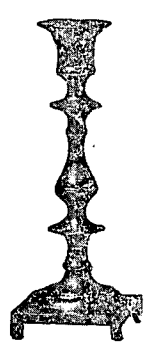
B-21 — Dolphin candlestick. Brass. 4" high by 4" in diameter. Price, each....$2.25



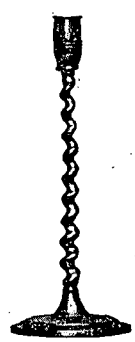
A-134—Bud-vase candlesticks. 7¼" high. Candlesticks are popular with men. Price, pair $4.95



A-4—Russian tea-set. Hammered brass or copper. The kettle is 6" high and holds 10 large cups. The tray, hand-made, is 18" long and 12" wide. The creamer and sugar-bowl are good mates. Featured, the set.....$18.00

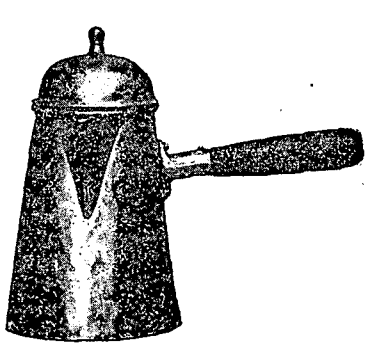


A-37—Prize - winning candlesticks. 6" high. Price, the pair $3.50

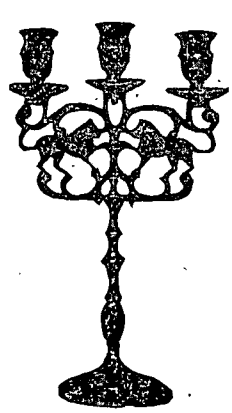


A-161 — Jacobean winding candlesticks. 11½" high. Strikingly artistic and tastefully different in design. Price, the pair $7.50

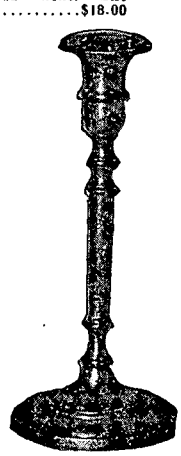
A-9 — Tulip candlesticks. 11" high. A tulip cup, a slender body, and a flat base. Stately and charming. Price, the pair $5.95



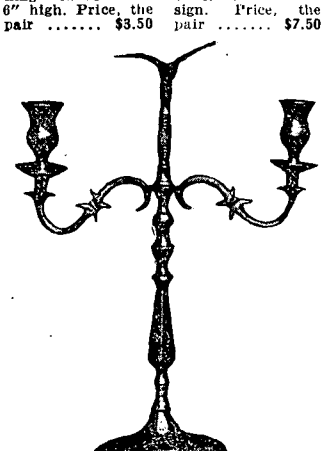
A-149—Dutch coffee-pot. Hammered brass or copper. Made for a party of two. 6½" high, and it holds 4 large cups. Special.....$4.50



A-24 — Lion candelabra. 11½" high. A very interesting object for the living room. It will add a mellow tone, where one is needed. A wonderful value for very little money. Specially priced, each $3.95



A-1 — Foxboro candlesticks. A simple colonial creation. They are 9¼" high and more massive than they look. Price, the pair..$5.25



A-159—Eagle candelabra. Solid brass. Height, 14¾". Width, 6½". It would make an appropriate wedding gift, and is something attractively different from what the bride customarily receives. Specially priced, each $6.50

Wrought from solid brass and copper

Created by the

ART COLONY INDUSTRIES

Americas leading metal craftsmen, 34 Union Square, N.Y.City

(In answering advertisements please mention THE SURVEY. *It helps us, it identifies you.)*

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"The new Harpers has just come in. My sincere congratulations. The format is superb, and I like the new cover immensely."

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SIR GILBERT PARKER.

"I want to send you my congratulations on the September number of Harpers. It is a great magazine, and I should think that any author of creative literature would take especial pride in seeing his material in such good company and in such good form."

FREDERIC MELCHER.

S2

We are continuing our Special Anniversary Offer to new subscribers. For only $3.00 you may have Harpers for one year (The usual price is $4.00). Simply sign this form and we will bill you later. (Or, if you prefer, enclose your check.) Mail it to Harper & Bros., 49 E. 33rd St., New York.

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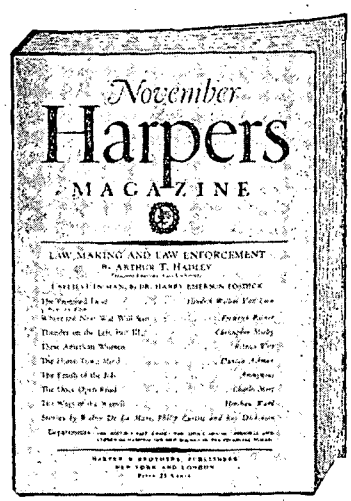
Phenomenal Success of the New HARPERS MAGAZINE



The indispensable periodical for alert minded and sophisticated America

THE new Harpers Magazine has achieved an unqualified success. The September issue—its first appearance—was completely sold out in ten days. And from all over the country enthusiastic and wholly spontaneous letters continue to pour in, in gratifying appreciation of the vigorous, youthful, provocative personality of the new magazine.

Moreover, the editorial forecast promises for the coming months even richer material. The best in fiction from America and England; fearless and vivid discussions of significant phases of American life; important points of view from and about Europe; brilliant criticism and absorbing problems involving the human equation.

In short, the new Harpers will triumphantly fulfill the promise of its first numbers just as it has already established itself as the periodical most sympathetic to the modern educated mind—a periodical of rapid wit, clarity of judgment, independence of thought, and high literary flavor.

In the November Number

LAW MAKING AND LAW ENFORECENT, *by Arthur T. Hadley*
I BELIEVE IN MAN, *by Dr. Harry E. Fosdick*
THE HOME-TOWN MIND, *by Duncan Aikman*
THUNDER ON THE LEFT, Part III, *by Christopher Morley*
WHERE THE NEXT EUROPEAN WAR WILL START, *by Frederick Palmer*
THESE AMERICAN WOMEN, *by Rebecca West*
THE FETISH OF THE JOB, *Anonymous*
AMERICA'S POLITICAL DECLINE, *by Frank R. Kent*
THE PROMISED LAND, *by Hendrik Willem Van Loon*
THE WAYS OF THE WEEVIL, *by Henshaw Ward*
THE ONCE OPEN ROAD, *by Charles Merz*
STORIES; *by Walter De La Mare, Roy Dickinson, Philip Curtiss*

Harpers MAGAZINE

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First—Last—Always

MEN have been known to go for months without shelter, for weeks without food and for days without water, but no one can live for more than a few *minutes* without air.

Breathing is the first necessity of life—yet few of us know how to breathe to develop our bodies and to improve our health. If we could be always in fresh air taking plenty of exercise, our usual undirected, instinctive breathing would naturally develop to give us better health. Nature would take care of us. But the conditions in which we live, the stress of present-day life, cause us to accumulate an excess of poisonous waste products in our bodies. To help dispose of these we should go beyond instinctive breathing and at frequent times during the day mentally direct the breaths we take.

Count Your Breaths—

How many breaths a minute do you take? Stop now with your watch in hand and for 60 seconds count them. Fifteen to twenty short, top-of-your-lungs breaths? You are not breathing deeply. Occasionally you should take six or eight long, leisurely breaths a minute—so deep that the diaphragm is expanded and the ribs are barreled out. Several times a day stop what you are doing, stand straight with head up, shoulders back and *breathe*—always through the nose, of course.

Try it this way—inhale, one, two, three, four; hold, five; exhale, six, seven, eight, nine; relax, ten. This will give you six breaths a minute—quiet, unhurried breathing. After a time your unconscious breathing may become deeper and you will begin to feel a new and delightful sense of buoyant power.

AIR!

Baby's first cry! However it may sound to grandmother's ears, it is music to the baby's mother. Under the spell of her eager imagination that thin little cry is a call for her. But what he really is crying for is *air*. In the Land of Unborn Babies he had no need to use his lungs. But here, in the great wide world, his first need is air and through every moment of his life he will demand air.

Good Posture First—

When you stand or sit with shoulders rounded and chest contracted you squeeze your lungs and make deep breathing impossible. Lift your head, raise your chest, straighten your spine, elevate your ribs and you cannot help "breathing for health".

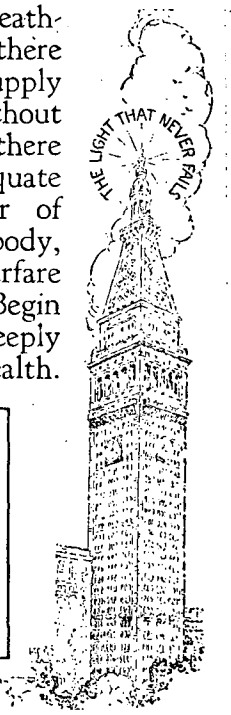
Deep breathing exercises should be taken night and morning. Empty the lungs as fully as possible with each breath. This is important because fresh air removes harmful waste matter in the blood.

That "Stitch in the side"—

Have you ever felt a stitch in the side when running? This is a warning—not always that your heart is weak, or that you have indigestion, as many persons suppose, but sometimes that your lungs are unaccustomed to being filled to their full capacity. Most of us rarely breathe to the bottom of our lungs. One-third of the lung cells of the average person is unused. These cells tend to collapse and stick together. When the air is forced into them, it sometimes causes pain.

Your health demands that you should breathe properly. The blood circulates all through the body distributing material to build and repair the tissues, picking up waste products and fighting disease germs. The turning-point of its journey is in the lungs where it deposits the waste and takes a fresh supply of oxygen from the air.

Without deep breathing of fresh air there cannot be ample supply of oxygen. Without sufficient oxygen there cannot be adequate growth or repair of any part of the body, nor vigorous warfare against disease. Begin today to breathe deeply—breathe for health.



About one out of six of the total number of deaths in the United States each year is caused by diseases which affect the lungs. Pulmonary tuberculosis and pneumonia claim more than 210,000 victims annually. Ten years ago the death-rate from tuberculosis was sixty per cent higher than it is today. Only a short time ago it was thought that fresh air must be kept away from patients suffering from lung troubles. Today it is known that fresh air is one of the main aids in getting well—and this knowledge has helped to produce the marked decrease in tuberculosis death-rate.

Defects in the air passages should be corrected if one is to breathe most effectively. Wise parents should keep careful watch over their children's noses and throats to see that they are not afflicted with adenoids or diseased tonsils.

Deep breathing must be studied. There is more to it than the taking of a full breath. The diaphragm and abdominal muscles must be strengthened by exercise and the body must be trained to maintain correct posture.

The Metropolitan Life Insurance Company has prepared a booklet giving simple and interesting health rules, including scientific advice about fresh air and proper breathing. These rules, with the simple breathing exercise given above, can be followed by anybody who wishes better health. Send for a copy of "How to Live Long". It will be mailed free.

HALEY FISKE, *President.*

Published by

METROPOLITAN LIFE INSURANCE COMPANY—NEW YORK

Biggest in the World, More Assets, More Policyholders, More Insurance in force, More new Insurance each year

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WITH CONGENIAL VOYAGERS

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A World trip of 30,000 miles on the magnificent S. S. Laconia, visiting a score of Far East countries, each like a different world, is a supreme experience and becomes travel glorified.

The Clark management (Mr. and Mrs. Clark accompany the Cruise) makes this an ideal opportunity for world travel. Cruise sails Jan. 20, 1926. $1250 to $3000. With private bath $4000.

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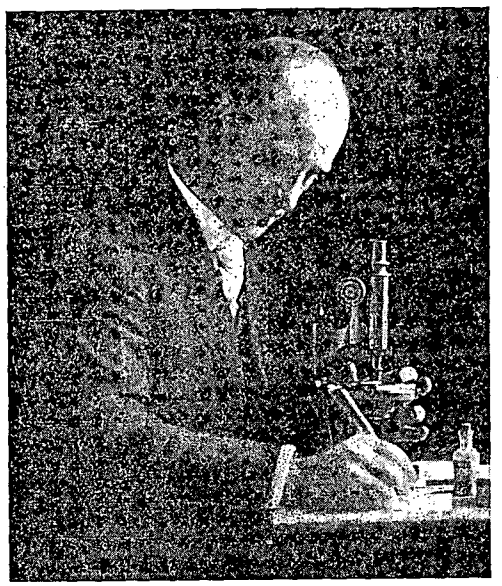

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Getting Behind the Newspaper Headlines

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You discuss the oncoming generation with men and women your own age; and are a bit uneasy about it. A boy murderer, or a college girl run amuck, strikes you like a bruise to youth itself. What do people whose business it is to deal with discipline and youthful spirit in the 'teens have to offer in this day and age? Miriam Van Waters, referee of the Juvenile Court of Los Angeles, is one of these. She works with children—not at them.

I. Q. 73

What Miss Van Waters does in group experience, Eleanor Rowland Wembridge does in the individual life stories of boys and girls. Take Matilda, for example, a girl with an I. Q. of only 73 but a disposition so winning that she had the spruce retired grocer standing on his head—literally—and dancing in her mistress' kitchen. The author is psychologist for the Women's Protective Association of Cleveland.

Gandhi Speaks to Americans

We should have to go back to the abolitionist movement to find anything in American history to compare with Gandhi's campaign in India in behalf of the Untouchables. A message from the great Indian leader.

The Indivisible Utility

To Mary Austin's mind a primal force is reshaping the community life of the Southwest. The whites are facing the same problem of the desert country, faced for a thousand years by its primitive people.

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Harlem—and After

Last March, Survey Graphic brought out a special number on Harlem: Mecca of the New Negro. The demand was instant; we had to put it back on the press and run off a second edition. Throughout the year we shall follow the rich vein it opened up—not so much the Negro's needs nor his grievances, but his contribution to life in the northern cities.

The Pacific Rim

For two years, some of the colleges of the Pacific Coast have been cooperating with Professor Robert E. Park in a survey of race relations for the Institute of Social and Religious Research. We shall tap their findings in a special number on the Orient in America.

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THE SURVEY

Graphic Number

Vol. LV, No. 3 November 1, 1925

CITY HEALTH

A special number edited by

Haven Emerson, M.D. and Mary Ross,
Associate Editors of The Survey

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The Gist of It

SIXTY years ago the cities of the United States were facing a losing fight for survival. Now they are winning. It is the public health movement that has changed the balance—the most exactly and most extensively applied of the social sciences. This number of Survey Graphic is devoted to outlining and interpreting the public health movement as a function of American city government. It is edited and published with the cooperation of the American Child Health Association, the American Public Health Association, the American Social Hygiene Association, the Metropolitan Life Insurance Company, the Milbank Memorial Fund, the National Organization for Public Health Nursing, the National Health Council and the National Tuberculosis Association, besides a host of other organizations, officials, and voluntary health workers.

AS general editor of this issue, as a teacher of public health administration, as a surveyor of health situations, and a past health officer of the nation's largest city, Dr. Haven Emerson of the Columbia University School of Medicine opens the issue with a trenchant picture of The Robust City (p. 121).

STATISTICIAN of the Metropolitan Life Insurance Company, lecturer at Yale University, author of a thick sheaf of books and pamphlets in which the arithmetic of health is convincingly presented, and secretary of the Committee on Municipal Health Department Practice, Louis I. Dublin underwrites Dr. Emerson's thesis with a set of trial balances from the health ledger (p. 125).

SIR ARTHUR NEWSHOLME, K.C.B., M.D., F.R.C.P., writes on American public health from the vantage point of years of study of health practice in this and his own country. He has served in the United States as lecturer in public health administration at the School of Hygiene and Public Health of Johns Hopkins University; at home, among many other offices, he has been principal medical officer of the Local Government Board, now merged in the Ministry of Health, examiner in public health and state medicine at the Universities of Cambridge, London, and Oxford, and Crown Nominee on the General Medical Council (p. 127).

MARY ROSS, who writes of the distinctive and fresh bits of methods to be found In and Out of Health Workshops (p. 134) is the associate editor in executive charge of this health department number.

OF Homer Folks and his long and distinguished service as executive of the New York State Charities Aid Society what need now be said? On p. 137 he writes of his observation and experience in the relations between private and public health agencies.

OUT of the voluminous material gathered by the Committee on Municipal Health Department Practice Ira V. Hiscock, C. P. H., assistant professor of public health in the Yale School of Medicine, sketches a normal program for the health department of a large city (p. 140).

FOR the small city a similar service is performed by Philip S. Platt, C.P.H. (p. 144), using the materials of the survey of eighty-six small cities made by the American Child Health Association, of which Mr. Platt is associate director in research.

SMALL or large, the graphic scoring chart on pp. 148 and 149 gives every city a chance to find its own rough rating on the scale of public health practice. It was prepared by George T. Palmer, Dr. P.H., director of the division of research in the American Child Health Association, and formerly on the staff of the Detroit Department of Health.

MISS TUCKER, who writes on the new responsibilities of the public health nurse (p. 151) is herself a registered nurse and general director of the Visiting Nurse Society of Philadelphia.

THE SCHOOLROOM, too, is part of the public health picture. Mr. Turner (p. 153) is assistant professor in the department of biology and public health at Massachusetts Institute of Technology.

THERE were giants in those days; perhaps there still are giants. Certainly Dr. Evans himself, health commissioner of Chicago from 1907 to 1911 and now, as editor of the health department in the Chicago Tribune, a health teacher of all the Middle West, is qualified by stature and experience to write of his fighting friends in city health service (p. 154).

BACK of all health progress—indispensable, indeed, if we are to do no more than hold our own against disease—is the willingness to accept scientific fact and act on it. Chester Rowell traces the course of the spirit of anti-science which jeopardizes the hard-won gains of public health (p. 159). Editor and publisher for more than twenty years of the Fresno (California) Republican, long active in politics, education and the civic affairs of his state, he is now writing daily for twenty million newspaper readers.

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Photograph by Lewis W. Hine

Can we survive in crowds—in cities? The answer is in the hands of the health workers—this sanitary inspector and all his colleagues

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THE SURVEY
GRAPHIC NUMBER

NOVEMBER 1, 1925

Volumne LV
No. 3

The Robust City

Our Sole Hope of Survival in Crowds

By HAVEN EMERSON, M.D.

FIFTY-FIVE millions of us living in cities—think of it!—are trying out the utmost limits to which we can gather a crowd without committing municipal suicide.

The earth is dotted with dead cities, paralyzed by some form of Nature's ruin, flood, quake, submersion or the flame of molten lava, broken by the conflict of armies, atrophied by the loss of trade, resorbed into the jungle when parasites and winged plagues have emptied homes and temples; each a case history of failure in the aim of man to live with his fellows in a crowd for safety, profit, pleasure.

More and more are the open spaces labored by fewer people, while more wheat is harvested, more trees are felled, more cattle tended, more coal and iron dug by smaller units of workers in proportion to the product. Thus the cities grow in number and in size and the human swarms squirm physically, and strain their thoughts to escape the threat of extinction which hovers over mass gatherings of all living things.

The very least of creatures—our relentless enemies the bacteria—give us, when they are colonized by man, the clearest lesson in the sanitary danger of crowding. They begin to die out at the center of the mass. They disintegrate in the poison of their own body wastes. Watch the ants and bees for model scavenger and ventilation systems; learn orderliness, system, division of function; watch the sacrifice of individual rights for the good of the swarm and the unquestioned obedience to the law of cleanliness and industry.

Sanitation has permitted the survival of cities, salvaged them from self-destruction in the but recent past, and promises protection and a permit for even mightier masses of men in safety, if it be that the drive toward herding cannot be broken by some way of tempting people to go out from cities into littler places and wider views of life.

Before there can be beauty, contentment, convenience, effectiveness in a city there must be health. No city, any more than a nation, tribe, clan or family, can survive if the deaths come faster than the births, if the survivors of childhood have too few years of productive labor to add anything beyond their own self-support to the possessions of the group. It was this unfavorable balance in the register of life which made Britons listen to Simon when he laid down the laws for London's survival. When deaths came at the rate of thirty-seven and the births were only twenty-nine among each thousand of the population in New York the Council of Hygiene was needed and a dying community developed its own renascence by following the advice of its wise physicians.

"Come what events there may to affect the physical, social, political or commercial interests of the city, let it be borne in mind that sanitary science and its preventive skill are of more value to our fellow beings and to this city than all the curative arts of medicine and surgery; that the evils which now bear so heavily on the poorer classes already seriously endanger the sanitary safety of all other classes and multiply the social perils and public burdens of the city; that a careful regard for human life and welfare is an unerring index of social advancement."

So thought, and wrote, and acted sixteen of the great physicians of New York when its population was but a million, while these young men were in the midst of their early practices among the poor, at the very height of the Civil War, and they gave out this ringing message of warning and faith after carrying out the most thorough health survey ever made in an American city. Twelve of these men became professors in medical schools and at least six grew to be nationally famous in the sciences of curative medicine; Willard Parker, Valentine Mott, Edward Delafield, Alonzo Clark, Ogden Doremus, Elisha Harris.

FROM the 1853 report of the A. I. C. P., whose "missionaries" of the religion of cleanliness and self-support were then the best informed agents of practical sanitation, comes the now familiar plea for "healthy homes for the poor, the provision of which would be the most interesting and useful efforts of benevolence" to remedy the conditions which "doubled the number of resident poor in one ward in six years." "Cellars are the worst of habitations, which have to be baled out after every rain storm—so damp as

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to destroy health—so dark as to prevent industry—so low that ventilation is impossible. . . . Tenant houses averaging six persons per room of twelve by ten feet floor area, and rented at rates which ought to procure comfortable dwellings."

Again in the 1857 report of the New York Senate Investigating Committee, we learn that while the United States were credited with a general death rate lower than that of any of the leading eight European nations, the city of New York showed a higher rate than any of eight large cities of the world.

United States	15	London	25
Denmark	23	Berlin	25
France	23.5	Turin	26
Holland	24	Paris	28
Sweden	24	Genoa	31
Prussia	28	Lyons	33
Austria	31	Hamburg	36
Russia	36	New York	38

And yet even in a city in the depths of sanitary degredation, a "devouring sink of disease," there were areas of excellence, several wards "where even the domestics occupy comfortable sleeping quarters above ground," showing death rates of only 14.3 per 1,000 of the population while the poor wards ran rates up to 45.5 and while rentals by the room to families of eight or ten brought the owners from 15 to 30 per cent of the value of the property each year.

IN 1865 came the Magna Carta of municipal sanitation for the United States, the report of the Council of Hygiene and Public Health of the Citizens Association of New York upon the Sanitary Condition of the City. This is a masterpiece of public service, a model of reasonableness and of thorough and accurate observation leading to progressive and courageous conclusions. No body of citizens now could follow a better example in studying the causes of an unfavorable health situation than this essay on the problems of society and the part science plays in making life and happiness possible in the midst of growing masses of ambitious but reckless people. How fairly the conclusions of 1865 still match with the decisions of today in many of our hundreds of cities!

The causes of the serious conditions in New York City are:
1. Utter inefficiency and unsuitableness of the municipal health organizations, under which sanitary wants of the city have been increasing for years.
2. The almost universal prevalence of ignorance and apathy among the classes most endangered by their own sanitary wants.
3. Absence of an adequate public appreciation of the vital importance of sanitary improvements and competent officers of health.

The legislature expressed its desire to see equal security of health for all and commented upon the enormous sums spent for the care of preventable sickness. How familiar is the list of causes of New York City's ill health of seventy years ago:

Crowding in tenements.
Poor construction in tenements.
Lack of light.
Lack of ventilation.
Impurities in domestic economy.
Insufficiency of sewerage.
Dirtiness of streets.
Disregard of sanitary precautions.
Imperfect execution of existing ordinances.

How abundantly have we failed to meet the ideal of a spotless town, of social justice among landlords, of civic efficiency, and yet how far we have gone with the then unknown facts that personal relations, individual resistance, specific precautions by informed and well nourished persons would avail to prevent most of the epidemics of disease even now that crowding on acre and lot equals or exceeds that of The City That Was.

MUNICIPAL sanitary activity had its start on this continent in 1678 with the effort of the selectmen of Boston to restrict the spread of smallpox through the first application of maritime quarantine on these shores to Sir Francis Wheeler's fleet, bringing, as it was believed, the dreaded "Yellow Jack" to Boston harbor from Martinique.

The selectmen did what city officers have done as far back as history goes. They assumed absolute responsibility for protecting their closely packed crowd against invasion by disease.

Of all the functions of government, health control is probably more universally a home rule job than any other. Health services fall under the general police powers of the state and although they may be provided by the state for any community in its area, they are usually specifically delegated to municipalities and even to the least of incorporated villages. New Orleans until 1898 was the sole important exception to this local control of health administration. The state of Louisiana maintained by eminent domain entire direction of this great gateway city, which used to be the main channel for the distribution of yellow fever through a score of the southern states, and the Mississippi River cities in particular. Many a state reserved and still uses its power of direction, however, in requiring observance or enforcement of health precautions when laggard intelligence, pinching parsimony, or organized opposition to science by public officials has made of their community a menace to themselves and their neighbors.

In most parts of the United States the provision of a health board or officer is obligatory whatever may be the attitude of the community toward police or fire protection. Does not that suggest a fairly deep-rooted conviction that with the machinery for liberty of belief, for protection of personal rights by courts of justice, for popular choice of legislators and excutives all assured, the obligation of health protection must take precedence even over the establishment of compulsory education? So firmly were the earlier efforts at sanitation entrenched in legal precedent and power that until recently in Connecticut most of the health officers were appointed by the superior court and had to be selected from among attorneys-at-law, perhaps a necessary precaution during the pre-educational period of health work when science had to conform to statute rather than the contrary.

How gradually and properly submissive have we become to the right of entry into our sick rooms by health officers, without court warrant, on suspicion alone, to search for possible cases of communicable disease! How we welcome the searching and protecting eye of the badged emissary of health law who warns us of a hazard in well, or privy, who stops our sales of food and confiscates our dairy products summarily lest disease spread! Where will you find any such breadth of power so universally supported by our high-

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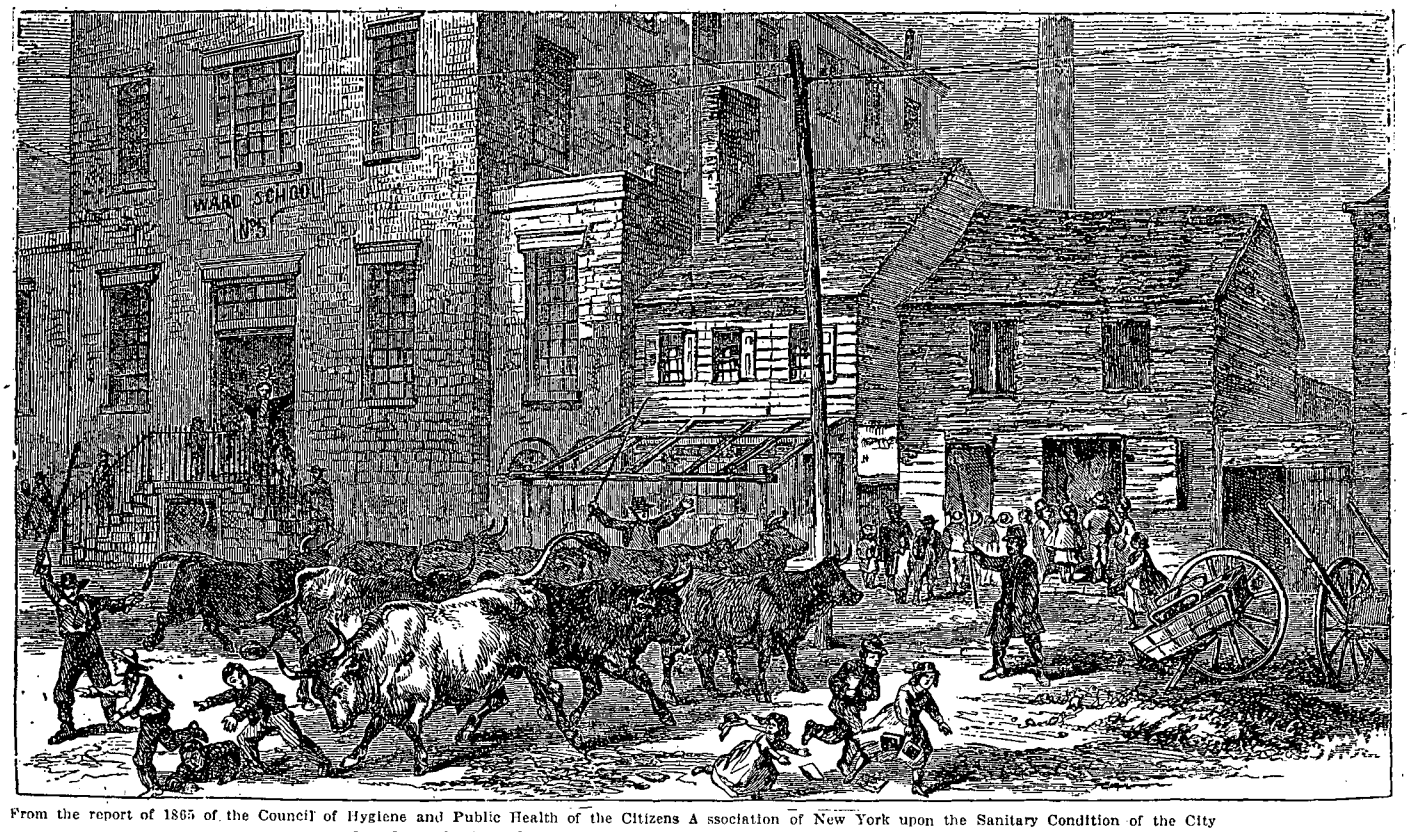

From the report of 1865 of the Council of Hygiene and Public Health of the Citizens Association of New York upon the Sanitary Condition of the City

School and slaughter-house: a city health hazard of sixty years ago

est courts as is shown in the records of boards of health? All that need be shown before the courts to give free scope for regulation in the interest of safety of life is that the board of health and the executive, the health officer, have not been tyrannical or arbitrary. Commerce waits, production and use may be limited, even personal liberty in one's own house, its construction, occupancy and contents is restrained so that we, the 51 per cent and more who live in cities, shall live and thrive.

And so the cities lead in the methods and results of sanitary science, in spite of, rather than because of, their handicaps of crowding. Keen as the competition is nowadays in well doing, it is with the city dweller that the advantage rests in the probability of his survival at birth, in the likelihood of his protection against infection in childhood, in the security of his water and milk, in safety from the nuisance of his own wastes, in quick warning and service in the presence of threat of disease.

LOOK, you city dwellers, upon your present security and be thankful for it. Ask the reasons; see who bore and bears the burden and why; and learn what you may further expect in relief from the hazards to life, its quality and quantity, its depth and breadth, as well as its length.

Your grandparents, if they were city dwellers, lost one child in four before it was a year old, while you and your friends maintain the silver ratio of sixteen living to one lost. Let us get on a gold basis of not less than twenty-five babies living for every one we lose before our children learn to mock us for our backwardness. My guess is that a city will reach the goal before a farmers' region; a city of 100,000 or thereabouts before a metropolis; a city west of the Rockies before our industrial maelstroms of races and traditions on the east coast. And those of you who have time and money, lend a hand to cities in other lands where caste, misplaced faith, fatalism in the shadow of famine, the immaturity of mothers and their utter ignorance of the rights and wrongs of babyhood kill half and more of those born alive.

Clean water gave us back some of our threatened babies; more light and air in the homes may have helped a bit too, but the great saviors of infancy were and always will be the nursing mothers and Louis Pasteur, the patron saint of city milk. How little the sanitarian asks of you for the safety check he puts on the most indispensable of foods! The price of one glass of milk a year is all it costs the city dweller to have his officer of health guard him against milk-borne tuberculosis, typhoid, scarlet fever, diphtheria, epidemic sore throats, and a multitude of minor disorders including most of the summer diarrhea of babies. Think of it, five cents a year from each of us suffices to provide a public service which has its thousands of lives to its credit each year. It costs us ten cents apiece a year for other types of control of communicable diseases which as a group have been reduced by 75 per cent in the past fifty years.

Those same grandparents of ours fifty years ago saw four hundred of their friends and neighbors carried off by tuberculosis where less than a hundred are lost today. Clinics for diagnosis, laboratories to aid and check the physician and prove the infection, separate wards or hospitals and sanatoria, quick and early efforts to arrest the beginning sickness and save the children from exposure, good food in the stomach and clean air in the lungs, and best of all a point of view well and widely taught that tuberculosis is communicable, preventable and curable, have worked the miracle. Not 50 per cent of the tenement children in our poorest city wards are today even infected with tuberculosis while but one generation ago scarcely a child of sixteen could be found who had not been at least attacked by the tubercle bacillus.

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In our city dwellings today we have come up out of cellars, it is true, but perhaps to find ourselves no nearer a place in the sun than formerly; not so damp perhaps, but windier in our concrete canyons. We have clean and abundant water, the best wash inside and out for persons and premises, and yet there are people among us who will go into debt or jail or move abroad to make and drink a pickling fluid to dull their senses and push them back into brutishness.

For the asking we have protection against smallpox, typhoid, diphtheria, scarlet fever, but there are whole cults and clans of persons devoted to the creeds and clamors of ignorance who poison the minds of childhood and seek to wipe out the safeties which they share in spite of themselves.

The stakes of the average citizen in public health are as great as ever, but there cannot be held up before him such tempting progress in gross quantities of life-saving as faced our health councils half a century ago. Our principles of sanitary law are well accepted. The organization is now much as it must remain for many years. The direction and personnel still reeks of partisan politics but is gradually winning clear and approaching the desirable freedom of most school systems. The main objectives of education in place of enforcement, of personal rather than official interest in health, have been gained. The result, most crudely expressed, is that within the experience of men and women still active and responsible for health services we have reduced our deaths in cities in this country to a third. A death rate of twelve per thousand is common in our cities instead of thirty-six.

WE have "made good" in our "will to survive" in hordes. How can we keep the mass interested in further progress? Hardly by doing more things for the individual. Perhaps by doing things to him with his own consent. Certainly by getting him to do them for himself.

The picture has wholly changed from that of 1865, and it is time we started from our present fortunate level to build greater and more glorious mansions. It will not be by the edict of the health officer that rickets will cease to be the most prevalent nutritional disease of city children. No operation of sanitary codes will stop diabetes from forcing its way among the leading causes of death in our middle-aged men and women of American cities. Full-time health officers and the mechanism of administrative health services will not greatly affect the disorders of mind, conduct and emotion which fill more hospital beds with permanent derelicts than all other diseases put together.

This conflict we have set for ourselves means much more than reducing a twelve per thousand death rate to a possible ten, or, under rarely ideal conditions, to nine, below which we can certainly never go. It is not merely the struggle to avoid disease or cure it, to reduce sickness and its cost as we know it now. What the city is facing is the eternal fight of adjustment, of adaptation. Human beings are the most accommodating creatures so far evolved; it seems to be a necessary corollary of that fact that we must search everywhere for the most difficult situations just to prove that neither sky nor sunken mine shaft, neither utter darkness nor ultra and invisible light, nor cold nor heat exist to which we cannot fit ourselves. The adventurer goes forth single-handed to explore the earth. The rest of us find that the fascination of staying at home has brought upon us in generous measure all the thrill of chance, all the uncertainty of unknown things.

The city of today, as always, is the peak expression of human gregariousness. Made possible by using the facts which express the laws of health, growing beyond the bounds of human convenience, the city presents a challenge to something more fundamental than organization of public and private services for health. The health of a city demands more self-denial, more intelligence in personal conduct, deeper understanding of the natural sciences and of the causes and effects of error in individual performance of life, than have been called for ever before.

It is each individual who must be cautious, thoughtful, persistently considerate of others—not alone the visiting nurse, the school medical inspector, the baby health station doctor.

It is the housewife upon whom the task of sanitation falls today. It is by her care to ensure cleanness of spoons and tumblers, her watchfulness in buying and safekeeping of milk, fruit, bread and meat that she controls our bodily health. It is at the breakfast table, at the school lunch, in the games, during the discussions in the living-room that conduct, habit, feelings and thoughts are guided, and of such will the safety of cities be made.

Even in the glorified living offered by garden homes, by the ideal health department, by the emancipation from the unnecessary filth and ugliness of industry, we are far from gaining under the leadership of science the minimum of clean air, sun light, play-space, quiet, reasonable separation in sleep and work and travel which we see is needed. City dwellers will win the crown of health sooner by giving thought and time to sweet reasonableness in their relations to each other than by any new device of science or authority. Let our faith be that we can make our city not only a place where physical health is easily possible but where happiness is seen as its inseparable corollary. When, or where, would any of us have rather lived than now and here?

Dr. Osler expressed best in his Edinburgh address of 1910, Man's Redemption of Man, the spirit that is the genius of today's City Health:

The outlook for the world as represented by Mary and John, and Jennie and Tom has never been so hopeful. There is no place for despondency or despair. As for the dour dyspeptics in mind and morals who sit idly croaking like ravens—let them come into the arena, let them wrestle for their flesh and blood against the principalities and powers represented by bad air and worse houses, by drink and disease, by needless pain, and by the loss annually to the state of thousands of valuable lives—let them fight for the day when a man's life shall be more precious than gold. Now, alas! the cheapness of life is every day's tragedy!

If in the memorable phrase of the Greek philosopher, Prodicus, "That which benefits human life is God," we may see in this new gospel a link betwixt us and the crowning race of those who eye to eye shall look on knowledge, and in whose hand Nature shall be an open book, an approach to the glorious day of which Shelley sings so gloriously:

Happiness
And Science dawn though late upon the earth;
Peace cheers the mind, health renovates the frame;
Disease and pleasure cease to mingle here,
Reason and passion cease to combat there,
Whilst mind unfettered o'er the earth extends
Its all-subduing energies, and wields
The sceptre of a vast dominion there.

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Health Work Pays

By LOUIS I. DUBLIN

IN 1921 the city of Salem, Ohio, suffered an epidemic of typhoid fever which in round numbers cost the community half a million dollars. The epidemic resulted from an attempt of the city fathers to save $1,500 by substituting a tile pipe for an iron one in the construction of their sewer system.

For the past fifteen years a business organization, the Metropolitan Life Insurance Company, with which I am associated, has spent an average of more than a million dollars a year in its public health campaign for industrial policy holders. This vast investment has reaped a return of 200 per cent; the money saving resulting from a lowered deathrate which the Company attributes to that campaign totals almost twice its cost.

Two bits of concrete evidence these, in support of the point I purpose to make: that the cost of sickness and premature death is very great; that public health procedures are an effective means of preventing much sickness and death; and that an extension of public health facilities will pay large dividends to any community which will organize and administer them effectively.

We can make only a very rough approximation of economic losses resulting from sickness and premature death. I shall take pains to make the estimates under rather than over-statements of the case. A few years ago, Dr. Frankel and I conducted a number of sickness surveys among some half million industrial policyholders of the Metropolitan Life Insurance Company, and found that, on the average, they lost about seven days each year from sickness involving inability to work. There were additional days of discomfort which interfered more or less with people's duties, but these were not included. That 2 per cent of the population is sick at any moment of time, was the outstanding conclusion of our studies. Converted into economic terms, this means that there is a loss of 2 per cent of total current production, which in round numbers would amount to more than a billion dollars annually in the United States. To this huge figure should be added the cost of such items as medical care, hospital service, drugs and appliances, and the like. Investigating the cost of sickness in a limited group of people, we have found that the average annual expenditure was nineteen dollars per capita for medical and nursing care, for drugs and other items necessary during illness. This figure is probably higher than the average in the general population because of the favorable economic status of the group studied. But, if even a half of the figure were used, say in round numbers ten dollars per capita, the total cost of medical care in the United States will amount to more than a billion dollars a year.

The community's loss by premature death is another problematical value, because we do not as yet know the money value of a human life at various ages. I have been in the habit of using the figure of one hundred dollars per year per capita as a rough measure of the economic loss resulting from death. That is the amount by which our national wealth has been apparently increasing per capita in recent years. It should be a fairly good, rough approximation of the economic value of a year of life in the general run of the population. On this basis a year lost would mean one hundred dollars lost to the wealth of the nation. A year of potential life lost by each person in a nation of one hundred and thirteen million means a loss of eleven billions of dollars to the present generation; conversely, the gain of a year in the average length of life would mean ultimately a gain of that much wealth during the life span of the present generation, or an economic gain of about two hundred millions of dollars per annum. These sets of figures, which are broadly correct, suggest the immense values at stake in the effort to save and prolong human life.

THERE is already abounding evidence that the work of public health authorities to prevent illness and conserve life, considered from a purely economic viewpoint, pays large dividends. Many other social welfare activities appeal to our sense of justice or to our emotions as generous acts: they may be expected to move forward slowly because our sentiments falter at heavy costs. But public health work is of a different character. Under the present conditions it can be looked upon as a financial investment, which, in many instances, gives immediate returns out of all proportion to the sums invested. It can be shown that much of the increase in our national wealth has resulted from the added years of life and vigor which are now available to us for productive work because of the better hygienic and sanitary conditions under which we live. Any community whose credit is good should, therefore, be encouraged to obtain and expend the funds necessary to proceed with its public health program, provided, of course, this program is well-considered and suited to the local situation.

Let us examine some of the evidence upon which this assurance rests. The outstanding fact is the great decline in the death rate which has occurred during the last fifty years, the era which has seen the development of the public health movement. The facts for New York city are fairly typical of what has happened in other large cities of the country. In 1875, the death rate was 28.3 per 1,000; in 1924, it was 11.8, or a reduction of 58 per cent. A better measure of the improvement is, perhaps, the gain in average duration of life. In 1880, the average life span was about forty years in New York (and most likely in other large places); it is now fifty-five or fifty-six years, a gain of about fifteen years. The greatest additions have been achieved recently. In 1901, a baby born in the United States Registration Area might expect to live 49.24 years; this expectation of life has risen to 57.32 years. The present high figures are not accidental but are the result of a definite

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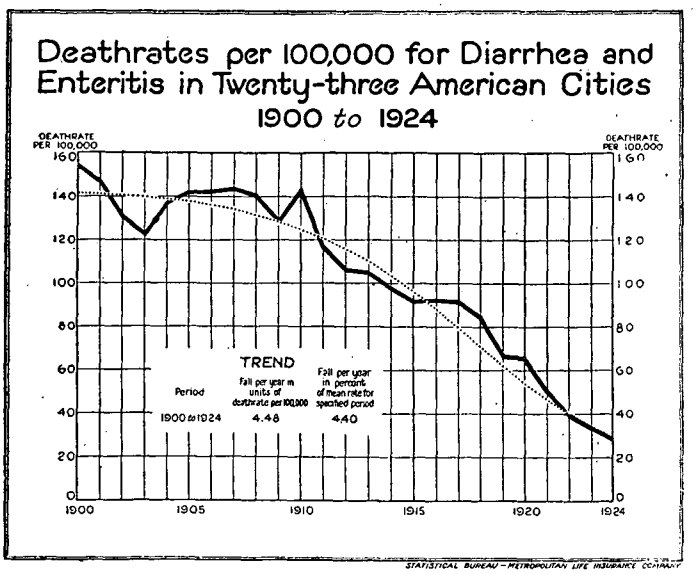


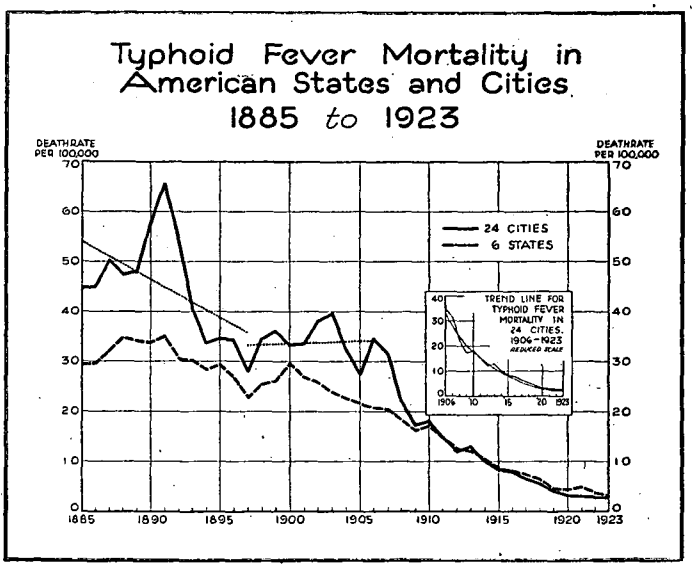
Charts by courtesy of Statistical Bureau—Metropolitan Life Insurance Company

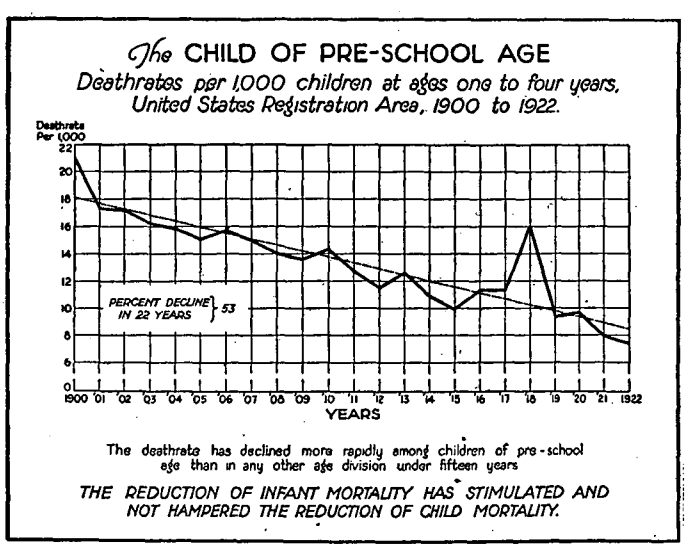
trend which has been fairly continuous for a whole generation, reflecting the workings of a new force in the life of the people.

If we examine the facts of the death rate more closely, we find that the gains have been achieved in very definite ways. A great addition to the life span has resulted from the prevention of infant and child mortality. The diseases and conditions which have been materially reduced are tuberculosis, the communicable diseases of childhood, the general infections, such as typhoid fever and intestinal disorders, and the insect-borne diseases, such as yellow fever and malaria. These have been the object of public health measures. The machinery of the official and private agencies has been directed to controlling them with apparent success. The reduction in the death rate in that group of conditions which have been the prime interest of the authorities has been much greater than that of other conditions which have not lent themselves to public health management.

In the last twenty years the infant mortality rate has been cut 60 per cent, largely by a national campaign of education, by the general safeguarding of milk supplies and other activities of the better organized health departments such as visiting nursing and baby welfare stations. Nevertheless, there are cities in which infant mortality rates are still twice as high as the average for the country. In a survey recently made by the American Child Health Association it was found that, although the average infant mortality rate in more than 600 cities of the country was 72 per 1,000 births, there were 82 cities which had rates of 100, and more, per 1,000, and 9 cities with rates of more than 140 per 1,000. Such communities need only choose to do those things which have been proven effective by the more progressive.

It is impossible to give an accurate estimate of the cost of such work for the protection of babies. No attempt has been made by health departments to segregate the expense from such allied work as the protection of mothers and of older children which is usually carried on by the same nurses and clinics, and in many places much of the best work still is done by private agencies, which very rarely keep adequate records of cost. The figures obtained by the Committee on Municipal Health Department Practice of the American Public Health Association show that the large cities of the country have been spending only three to four cents of public money a year per capita of population for this work. Obviously larger sums will be required if the work is to be conducted in an approved manner and if a marked impression is to be made on the infant mortality rate that still prevails.




The CHILD OF PRE-SCHOOL AGE
Deathrates per 1,000 children at ages one to four years, United States Registration Area, 1900 to 1922.
Deathrate Per 1,000
PERCENT DECLINE IN 22 YEARS } 53
YEARS
The deathrate has declined more rapidly among children of pre-school age than in any other age division under fifteen years
THE REDUCTION OF INFANT MORTALITY HAS STIMULATED AND NOT HAMPERED THE REDUCTION OF CHILD MORTALITY.

Not long ago typhoid fever was a common cause of sickness and death throughout the United States. Even as late as 1900, the death rate was 36 per 100,000 in the then Registration Area. Epidemics raged in the large cities of the country because of the polluted water supplies and because little was done to prevent the spread of the disease through secondary infection. With the installation of excellent water systems in the larger cities and the better supervision and chlorination of most other supplies, the typhoid fever rate dropped in an amazing manner. The experience of Philadelphia, Cincinnati and Pittsburgh, among other cities, offers most interesting proof of the big and immediate returns to communities which are wise enough to make the necessary investment to provide their people with an adequate supply of pure water. Frank E. Wing, for the Pittsburgh Survey, showed that for the 4,283 cases of typhoid fever (*Continued on page 182*)

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The Fever-Chart of Progress

By SIR ARTHUR NEWSHOLME

A distinguished sanitarian of the Old World appraises American public health practice in the light of British experience

PERHAPS the most outstanding early impression of American public health administration is its relatively small regard for historical continuity. With us the long existence of an institution, however illogical (on paper) it may appear, is a reason for continuing it, or, at the most, for contenting ourselves with modifying it to fit new circumstances. In the States there is little hesitation in varying fundamentally the principles of city administration; and the new sometimes is preferred, apart from its merits, because it is novel. This is evidenced in the light-hearted change for a period of years from nominally democratic municipal government to the autocracy of a mayor or city manager. I assume that the change has followed previously inefficient or even corrupt representative control; but the fact that the electors prefer a business manager to elected representatives, pledged to reform, implies a temporary abandonment of the democratic local government by means of which England has made public health an all-round success. One may remark, similarly, on the autocratic powers entrusted to health officers or commissioners, which would never be granted to an English medical officer of health. Such powers, I do not doubt, are wisely and discreetly used; but the English medical officer of health has the satisfaction—even though he may gaze somewhat enviously on the powers of his American confrère—of knowing that at the end of his three or five years of office he is not liable to ejection on the whim of the next elected mayor. He has learned the lesson, furthermore, that autocratic powers—however beneficent—which do not carry with them the conviction of the majority of the population are liable sooner or later to be withdrawn.

THE foregoing facts explain in some measure the differing course of public health reform in Britain and in the States. Whether considered historically or geographically American public health work forms a zigzag curve resembling that of an attack of intermittent fever; while the English curve has few oscillations, but has steadily advanced on the up-grade from year to year and from district to district. To pursue this somewhat crude illustration, American public health can show peaks of advance not yet reached in England, as for instance in the protection of the milk supply of some cities and in the recent anti-diphtheria work in New York and other cities; but it will, I think, be generally agreed that these peaks are relatively isolated, and that speaking broadly the general level is markedly higher in the old than in the new English-speaking world.

That this is so is illustrated in many ways. It is shown in the fact that in many American cities voluntary public health work bulks larger than official public health work, especially as regards child welfare, tuberculosis, and the care of the destitute. This is an historical phase, through which England has passed. It is still passing through it as new developments appear; for new movements commonly emerge outside official shackles. But in England the greater part of what was just undertaken by voluntary associations has become official activity, and thus voluntary initiative is always being released for new adventures.

Such voluntary work, without the official machinery of government, must in most instances suffer from a yearly handicap. "Drives" are needed to raise funds; and is it not true that in some voluntary associations half or three-fourths of the money raised, and at least an equal proportion of the possibilities of good work, may be exhausted in the effort to get money, leaving workers depleted both in finance and in vim for the actual work in hand?

THE best form of voluntary public health work—which needs to be indefinitely continued—and increased—is the unpaid work of the members of public health authorities (municipalities, state legislatures, etc.). And this leads me to emphasize what I regard as a fundamentally important point. Let me illustrate it by the English method of administration with which I am most familiar. The medical officer of health and his staff can only obtain financial support and are only permitted to carry out individual items of public health work insofar as they convince the voluntary workers who are the unpaid representatives of the public. First, a majority of the dozen men or women who form the health committee must be convinced of the necessity of the given item of work; and then these must convince a majority of the sixty or more men and women—unpaid representatives—who form the local town council.

Thus all the time the medical officer of health is an educator; and no other educational work in any other quarter can rank in importance with his. It is by work thus subjected to the sifting of representative public opinion that good government is rendered steady and permanent. True, reforms greatly needed are often crabbed and minimized by the inherent stupidity, the negligence, or the interested motives of elected representatives. But it is by conflict with such motives, checked and more than counterbalanced by public opinion and by public spirited representatives on the governing body, that steady and persistent progress has been made. After the first struggle on a given point has ended successfully, funds are voted year by year almost without comment; and the health officer's educational efforts are then needed only for new measures having for their object further public health progress. I lay special stress on this official educational work because of its supreme importance; and because I am confident that it is through such work, rather than by the appointment

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of business managers for communities, that the future of public health will be secured. True, progress is slow, but it is continuous; it is not intermittent and wasteful, nor are there the intervals of inertia and neglect which are associated with spasmodic waves of reform. Instances of both varieties of progress, spasmodic and uninterrupted, are to be found on both sides of the Atlantic; but until the public can be made to realize and to act on the belief that the greatest and most fruitful field for the work of voluntary social workers is in the municipalities and state legislatures, progress will continue to be unnecessarily slow and imperfect.

Public health work is becoming more and more women's work. This should be so for work by elected representatives as well as for work by social workers in voluntary organizations. To the extent to which women can influence public opinion and action to this end, will solid progress be made. Perhaps everywhere we need to talk less and to work more to secure the right representatives on our municipalities and legislatures. That certainly is the case in the old country. But when they have been obtained, unless the electors—as interested onlookers—stimulate efforts for good, make persistent inquiries in respect of procrastination, avoid carping criticism, and liberally commend all good work and workers, they have failed in their social duty and cannot wash their hands of the responsibility for imperfect or evil government.

MUCH of what has been said applies both in Old and in New England. But the old country fulfills certain conditions of successful public health work which are lamentably lacking in the new.

I have been deeply impressed by the valuable work of many public health medical administrators in America. The pioneer work of Hermann Biggs is an outstanding example. If I depart in a single instance from the avoidance of living illustrations, I would mention Dr. Charles V. Chapin as one whose scientific insight and prevision of the essentials of public health work has had great influence in shaping the cause of public health work both in the Old and in the New World. But in present circumstances the people of the States cannot expect a reasonably efficient service of medical officers of health in the majority of communities unless policy is radically changed. The establishment of the Johns Hopkins School of Hygiene and Public Health and of other similar schools—through the beneficence of the Rockefeller Foundation—makes a further indispensable advance possible without which these schools can never realize more than partially their potentialities for good. *Public health work must be made practicable as a career;* and to this end reasonable security of tenure of office must be given to competent officers, and their remuneration must compare not unfavorably with the earnings of physicians in private practice. Happily both these objects are now approximately secured in England.

So long as the health commissioner in office is liable to removal when changes occur in a city council, as for instance on the election of a new mayor, this remains impossible: and it is imperative that the civil service conditions of office which are now exceptional should become universal.

As soon as public health becomes a fairly certain administrative career for a section of physicians who have specialized as hygienists, municipal and state authorities can rightly demand as a condition, *sine qua non,* of appointment that the officer appointed shall possess a diploma or degree in public health of a satisfactorily high standard. This represents the desirable and necessary complement of civil service conditions of tenure of office. In Great Britain this condition is already imposed: practically every medical officer of health now appointed is required to possess a diploma in public health, obtained by a physician after a year's subsequent practical instruction and training in the science and art of public health. If state legislatures were to make it illegal—after a reasonable warning—to appoint medical officers of health without such a degree or diploma, there would follow a rapid levelling up of public health administration throughout the States to the standard already reached in some of its cities. Perhaps ere these lines appear in print, some state legislature will already have led the way in securing what is more or less tentatively required administratively in a few instances?

While emphasizing the importance of public health administration as an indispensable means for advancing communal health, I do not desire to ignore the many collateral agencies which work to the same end. Of these may be mentioned in passing an efficient and incorrupt police, the enlightened education of every member of the community by trained and adequately remunerated teachers, and recreative agencies which—unlike many cinemas—do not appeal to false sentiment or excite in undesirable directions the imitative faculties of the young. In all English-speaking communities there is in these and other directions ample scope for improvement.

IN an earlier part of these desultory remarks, I have mentioned the "troughs" and "peaks" of American public health administration. The injurious influence of the "troughs" on public health would have been immensely greater, had not another influence favoring the public health come into operation throughout the United States. In this, which in reality is a branch of public health administration, America is uniquely supreme. I refer, I need hardly say, to the enforcement of a national policy of prohibition of the sale of alcoholic drinks; by means of which, so far as the mass of the people are concerned, the terrible working of alcohol in the production of destitution, disease, vice and crime has been eliminated. This is the greatest among the many advances in public health in America; and it places America *facile princeps* in the public health world.

This reform could not have been secured on a national scale, had it not represented continuous and persistent pressure on the part of a large majority of the American people, steadily increasing decade by decade, and year by year. If in this spectacular instance such a result has been secured, we cannot doubt that the public conscience can be so aroused and awakened, and continuously preserved from sleep, as to ensure the concentration of all well-wishers for social reform on municipal and state government, which is the main and the permanently valuable channel for the effective work of all voluntary workers. There will remain, even when this ideal has been realized, ample work for non-municipal voluntary workers; but it will in most instances then be the work of pioneers in new work and of activators of official work, and will not involve the bearing of the main burden of social and health reform.

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Courtesy of the Henry Street Visiting Nurse Service

A visiting nurse

Guardians of City Health

PORTRAIT STUDIES BY LEWIS W. HINE

BEHIND the scenes where laboratory workers are busy with microscope and test-tube, "out front" in the clinics and hospitals where doctors and nurses and social workers are dealing one by one and face to face with the citizen and his offspring, in the executive office which controls the whole complex apparatus, and in the tenement home of the sick baby where all the health resources of the city come to focus in the person of the visiting nurse, Mr. Hine has made studies of the men and women who guard the city against disease and cherish the public health

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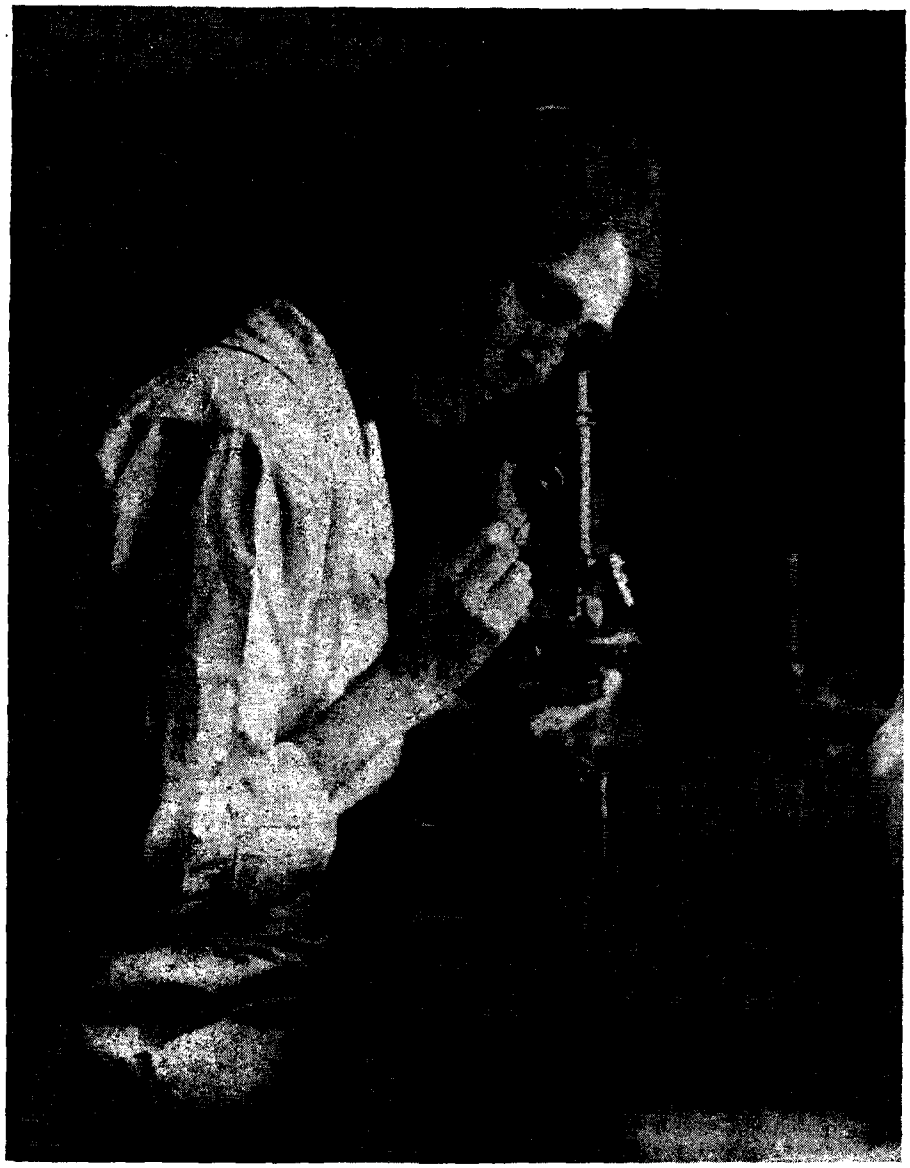
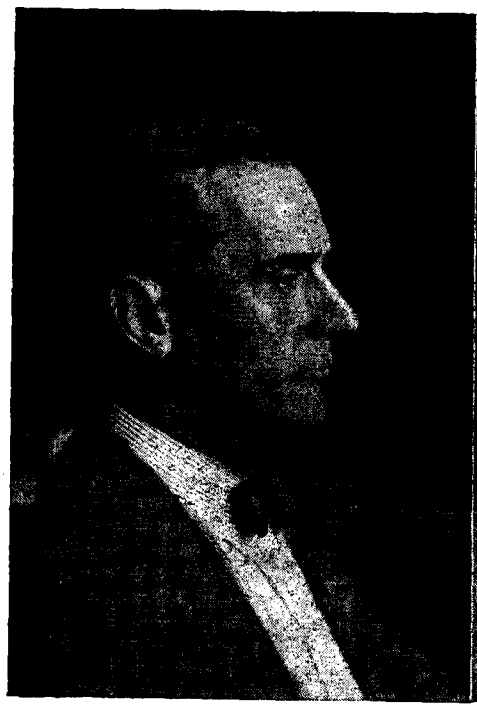


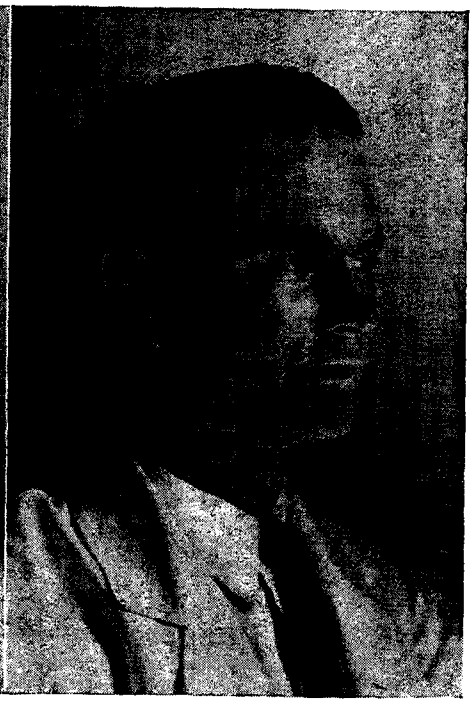
A laboratory technician

Photographs by courtesy of the New York City Health Department



A director of a hospital

A nurse



An interne

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A laboratory director

A laboratory technician

A bacteriologist

A milk examiner

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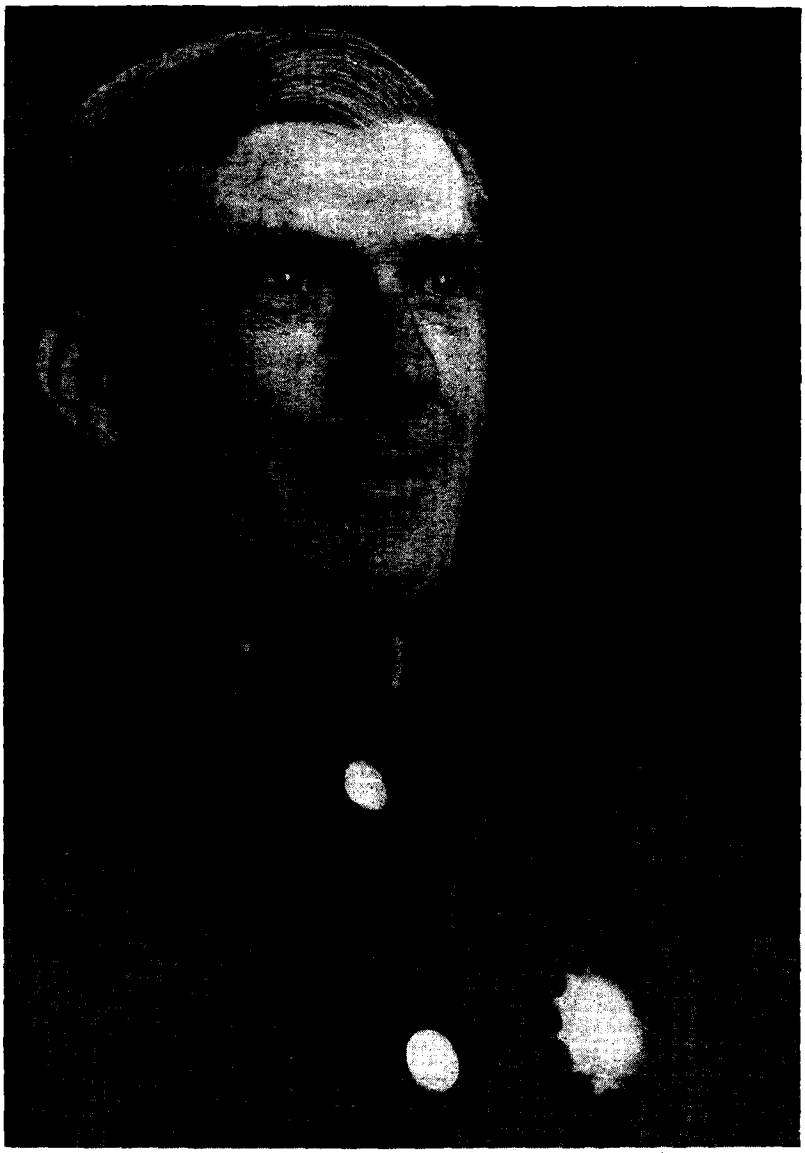

A member of the health squad

A supervisor of public health nurses

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A client of the well baby clinic

A social worker

The commissioner's office

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In and Out of the Health Workshops

By MARY ROSS

THERE is plenty of money and attention for anyone who will proclaim that he has found the elixir of life. But after a brief try, the crowd turns away, disappointed. It is not by magic, but by slowly built up, well directed method that this generation has won an added ten years of life for its children. The process is that of water dropping on a stone, wearing away by almost perceptible degrees a dead weight of ignorance, apathy and superstition. The health department (and with it the voluntary agencies working to achieve the same ends) is the conduit that carries that stream from the laboratories of the scientists and engineers to the people, which transforms knowledge into working power.

You go into the offices of a health department and you see the charts that show its records of lives saved and lost in other years, the spot maps which register the cases of typhoid and tuberculosis, measles, smallpox, and so on, then in its midst. There are the filing cabinets with records of births and deaths, the rows of bound reports that witness continuous service. In other rooms statisticians are at work interpreting the trickle of fact that flows steadily in by letter and telephone; technicians are making their routine examinations of water and milk, and aiding the city's physicians in diagnosis of disease by laboratory analyses. But all their skill and their equipment of micropscope and test tube, of book, paper and chart, is nothing until it reaches the working point of protecting and enriching health—the health of *people*.

Hence it is that the discoveries of a health department are largely of method, of popularization, education, enforcement. From the outside looking in, its practices look like a matter of ordinances, organization and techniques. From the inside looking out, they spell the lives of men, women and children, the common and the dearest possession of all of us. These scattered instances tell of some of the unique pieces of work—or of pieces of work so uniquely well done that they entitle their city to grateful and honorable mention.

Mitigating Measles

FOR one of those inside pictures, for example, take a winter morning in an ordinary family. The six-year-old young hopeful has been home from school for two or three days with snuffles. Last evening, his mother thought he seemed feverish. By morning he had sprouted tell-tale red spots. It hardly needed the doctor to say measles.

Now that family friend was sufficiently concerned with the measly child and the precautions of warmth, rest, and the like, necessary to prevent an ordinary illness from becoming a serious or even a deadly one. But his thought was even more for the little two-year-old sister, who had just weathered a touch of pneumonia. Ideally, of course, she would not have been exposed even to snuffles, but that ideal is hard of accomplishment under the conditions of ordinary family life. In almost any city in the United States, all that one could do now would be to keep the children apart and hope for the best, knowing that measles is pretty nearly 100 per cent contagious.

But not so in New York city. There a telephone call to the Department of Laboratories would bring the assurance of a waiting supply of measles convalescent serum, kept especially for such cases as this. And the injection of a little vial of that serum would mean that she would not have measles at all, or at the worst, very lightly.

For more than thirty years it had been realized, and increasingly, that the blood taken from persons convalescent with measles contained antibodies which would protect other persons, inoculated with it, from the disease. The New York City Department of Health tried it successfully with children in the contagious hospitals who were exposed to cases which developed in the wards. Then it occurred to Dr. Louis I. Harris, director of the Bureau of Preventable Diseases, that this serum should be available for children in institutions, in which epidemics of measles run a peculiarly deadly course, and for all children under three who are in danger of a complicating pneumonia. The difficulty was to find healthy adults, convalescent from measles, who could and would spare the blood; measles is so highly contagious that most people have it in early childhood when they cannot afford such a loss of energy.

But with the opportune occurrence of a measles epidemic at Berea College the initial supply was obtained. An agent of the Department went out to take blood, by peaceful and practically painless methods. Bought at ten dollars a pint, it costs about thirty-five cents in sufficient quantity to ward off an attack of measles in a baby who has been exposed to it. In one institution alone, in 1923, on the basis of previous measles epidemics in the same building, this convalescent serum probably saved the lives of twenty babies. For such children and for very young patients of private physicians who are poor risks, the Department supplies the serum free.

The Law vs. T. B.

WHILE New York saves the youngest and weakest of its children from measles by a serum, Chicago invokes the law to keep them from tuberculosis, and several of the cities in central New York state have determined to save them from diphtheria by simply abolishing it. A generation ago, as Dr. Emerson tells elsewhere in this issue (p. 121) one could hardly find a city child of sixteen whose body had not been at least scarred by the tubercle bacillus; today among Chicago's three million people there are not more than twenty children in contact with a case of the disease in its communicable or "open" stage. As is common throughout the country, Chicago requires that physicians report all cases or suspected cases of tuberculosis, which thus come under the control of the Municipal Tuberculosis Sanitarium in cooperation with the Health Department. Records of new cases—reported by the clinics or the private physicians—are filed at the Sanitarium and at the appro-

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priate dispensary district—and the dispensary doctor or the tuberculosis field nurse visits the patient at regular intervals to note home conditions, to see if the patient and family are using conscientious care, and to advise that he go to a hospital if he cannot be cared for properly and safely at home.

In Chicago there are now 2,090 "open" cases of tuberculosis out of a total of 22,318 diagnosed cases, and there are approximately 1,900 beds for tuberculous patients in public institutions. If there is a child under sixteen in the family, there is no choice. Either the child or the patient must leave the household. If this cannot be accomplished by persuasion, the law is called in: the patient is taken to the sanitarium in one of the Department's ambulances. Even with an increasing population, the next generation should need fewer and fewer of those hospital beds!

Abolishing Diphtheria

THE value of the Schick test to determine whether or not a child is susceptible to diphtheria, and of the series of toxin and anti-toxin injections which will make him immune, has been demonstrated many times over in small groups of children. But several cities in central New York state determined to show that it worked on a large scale. In Auburn, for example, the disease had cost the lives of ten children each year for eight years before concerted action was started in 1922. Practically 85 per cent of the school children and almost as many of the children under school age have been immunized; and since 1923 there has been only one death from diphtheria (that of a two-year-old, who had *not* been immunized) and there have been fewer cases among children than among adults, an unheard-of situation in sanitary history. The village of Homer, which immunized its children in 1922, has not been troubled with diphtheria since. It is on the basis of such evidence as this, watched with eagerness from both sides of the Atlantic (see p. 127) and the ease and convenience with which this record was made, as far as the children were concerned, that the campaign to wipe out diphtheria altogether in New York state by 1930 (see p. 182) has been built.

The "Baby Letters"

A HEALTH department can do much directly for the children of its city; it can do even more by educating the children's parents to fulfill their responsibilities. To this end the notably successful campaign against infant mortality which Bridgeport, Connecticut, started in 1921 has centered a part of its varied program on the education of the mothers—and of all the mothers, regardless of social station. In addition to an effective battery of well baby stations, staffed with public health nurses who are responsible also for the school children in their respective districts, the Bridgeport Department of Health adopted the plan of having each nurse deliver the birth certificates to the mother, and at the same time a little folder to contain monthly letters on the care of the baby with space for notes on his progress. At the appropriate time she returns with the next letter, and asks for the folder so that she may add this to the ones already delivered. Most important of all, the Department finds that the letters are read and kept and re-read. There is hardly a baby in Bridgeport with whom the Department does not keep in touch in this way and through the well baby clinics. And the line that charts the baby deathrate has gone downward in sharp leaps. The average during these four years of demonstration has been the loss of about one baby in sixteen; during the five years preceding it, the city lost about one in ten.

Courtesy of the New York Tuberculosis Association

A city nurse in the Health shop window, New York Tuberculosis and Health Association, East Harlem

When It's "Catching"

INCIDENTALLY New York has just decided to turn even its illnesses to educational account by utilizing the city hospitals for communicable diseases, recently reorganized by Dr. S. W. Wynne, director of the Bureau of Hospitals, to teach internes and nurses the care of those who are ill with such diseases—a technique which is indispensable in any field of public health work, yet too little stressed in the ordinary training schools and universities. Study of the records of one hundred children who died of diphtheria at Willard Parker Hospital showed that in half the cases the physician had been at fault—he had not recognized the disease in time. (In almost all of the other cases the parents had waited too long to call in medical aid.) The training school for nurses, which will be opened there in January, will affiliate with the other training schools for undergraduates for special training in this type of nursing, and will give a special postgraduate course for public health nurses, to teach them the methods which make it possible to care for different contagious diseases in glass-walled cubicles side to side, without ever a cross-infection; methods as necessary in the home where is tuberculosis or pneumonia or even a common cold, as in the hospitals themselves.

Bored or Bumptious

A HEALTHY body is of little account if the mind which should direct it is sick. So far public effort in the field of mental sickness has been directed almost entirely toward care and custody of the insane; there has been little work along the preventive or mental hygiene side. Newark ran a mental hygiene bureau under its health department from June 1919 to December 1921, and then had to discontinue it because a special appropriation could not be obtained. "It is extremely difficult to convince money-appropriating bodies of the need for mental work in preference to those activities which are more easily recognized," writes Dr. William

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H. Young, Acting Health Officer, looking back on that experiment.

It is in just such a situation that the voluntary agency finds its ideal opening, and in this case the opportunity has been taken by the National Committee for Mental Hygiene, which, working with the Commonwealth Fund, have provided and operated child guidance clinics in a number of cities to prove their right to public support. As a result Los Angeles, Dallas and Memphis now have permanent child guidance clinics supported out of the community chest; St. Paul has one supported by the Amherst H. Wilder Charity, and in Minneapolis the city itself has stepped in to meet the need and give pioneer proof of the value of safeguarding and aiding the growth of its children in a clinic on the budget of the board of education, which, as Mr. Platt shows on p. 144, often bears a considerable share of a city's health expense.

As far as we know [writes Dr. Smiley Blanton, its director] this is the first time that any large school system has had connected with it a completely equipped mental hygiene clinic for the care and treatment of the children in the schools. The clinic, however, stands ready to serve not only the public schools, but also the juvenile court, various social agencies of the city, and the parents.

The sensitive child, the anxious, moody, timid; egocentric, morbidly suggestible, seclusive, sullen, or "bumptious" child is suffering from a severe handicap; as severe as though he had a crooked foot, crossed eyes, or chronic appendicitis. We are beginning to see, too, that physical health depends a great deal upon mental health. The moody, unhappy, tired, uninterested child cannot be a physically well child.

By Means of Good Will

HARDLY anyone, unless it is an up-to-date health officer, regards an attack of typhoid as something to be ashamed of. Probably that is one reason why there are fewer and fewer cases to the country's discredit. Yet there is one other problem with which most health departments have to deal whose natural complexity is further complicated by the haze of moral disapprobation, of secrecy and concealment, with which it customarily is surrounded. That is the problem of the venereal diseases.

"How do you keep them coming?" is one of the commonest questions asked by students of health practices who visit the excellent venereal clinics of the Detroit Department of Health, well-known in professional circles for the signal success with which they carry on the more or less standardized work in that branch. The first of the series of answers made by Dr. R. S. Dixon, chief of the Venereal Division, is this:

We attempt to treat a person with a venereal disease with the same courtesy and consideration that we should use in treating a person with any other communicable disease. The treatment of the patient consists not only in the diagnosis and the medicine we prescribe, but also in our attitude toward him or her from the admission desk till discharge. It is easier and cheaper to develop good will and secure regular attendance through it, than it is to use the customary legal and social measures. If the doctor cannot sell himself or herself to the patient, then something is wrong with the attitude in the clinic.

It sounds simple, but the results are almost unique. Of course, behind this attitude lies the skill of the specialists who staff the clinic, and with it a policy of explaining the treatment to the patient in definite terms which he can understand; a policy of conferences of the staff on a case, so that the treatment adopted is the best judgment of the group, and the patient as a result finds continuous agreement even though he may not see the same doctor at successive visits; and again, of course, there is a systematic follow-up of cases. The diagnostic service is free, but treatment is given only to those who cannot pay; the rest are referred, with an appropriate letter, to private physicians.

East Orange, New Jersey, also known for eminence in this kind of work, has worked out a particularly helpful amount of cooperation between the municipal venereal disease clinic, and other agencies in the Oranges, such as the hospitals, the Bureau of Associated Charities, Children's Aid Society, the Visiting Nurses' Association, the State Penitentiary, Parole Officer and so on, linked together by the tact and resourcefulness of a "truly cooperative social worker."

Health Stores

THE bigger the city the deeper the chasm between that imposing central office of the department of health and those potential clients who most need its knowledge and skill. One day some unnamed person had the simple but useful idea that from this point of view, as well as others, a city could be treated like a set of villages, and each village could have a local health center with some of the friendliness and individualism which is more easily obtained in smaller places. Health centers started in New York city, but transplanted to Boston they grew with a vitality which at present overshadows the original plant (p. 142). The Boston achievement is executed at present on a scale which makes it perhaps discouraging for beginners—and most cities still are beginners in the provision of health centers. The story of East Harlem in New York, which has been told in several instalments in The Survey (e. g., May 15, 1925) is perhaps a simpler instance that cooperation can work; that representatives of a city health department and of more than a score of health and welfare agencies can be housed under the same roof with the aid and comfort of the county chapter of the American Red Cross, to the pleasure and profit of all; and that through this center—a kind of a neighborhood department store of health—there can come a neighborhood interest and pride that makes for health.

THE cities here mentioned are pioneers, or have won special distinction through these achievements of method and organization. But supposing you, reading over such paragraphs as these, say "We do all these things in our city—and more. What next?"

It is easy enough to point to the waste land—mental hygiene, industrial health services, heart disease and so on—which invites cultivation.

But before a city moves on to new fields, it might pay to stop and take an inventory. The fact that now for the first time in sanitary history a way has been devised whereby a city can make such an inventory, and compare it with that of its neighbor in the next county, or its rival across the country, is the immediate reason which lies back of this issue of The Survey. This form of appraisal, which has been changed and will be changed as standard practices vary and improve, is based on surveys which cover all American cities of more than 40,000 population—186 of them in all.

"Of course our children get a health examination," one city said. Then the surveyor found out that the examination of a child took, on the average, forty seconds. Another health officer reported that he had examined 650 children in a day!

(*Continued on page* 177)

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Hermann M. Biggs, M.D.

Public And Private—And Both

By HOMER FOLKS

"Voluntary agencies can find their greatest usefulness only as supplementary to the public authorities and in close cooperation with them"

IT is easy to state the general principles which should govern the relationship between public health authorities and voluntary health agencies. It is not at all easy to apply them to any particular situation. Public health is primarily a function of government. Voluntary agencies should supplement and strengthen public agencies. How simple!

Very likely in the first city in which you try to apply these excellent principles, the health department does not wish to be supplemented or strengthened, but only to be let alone; in the next the board of aldermen is under the influence of the cults and refuses to amend an obsolete health measure or to give the health department any additional funds. How difficult! In another city with which you deal there may be an economy era, and the health commissioner does not dare even to ask for more money; in the next, the health department, and all other departments, may be riddled with cheap politics and not really care anything about health. How very difficult! Travelling on, you come to a city in which the secretary of the voluntary association thinks that his organization must do something "different," something "popular," to secure a good seal sale next Christmas; in another the secretary does not like the commissioner, personally, and in the next, the commissioner does not like the secretary: in cities generally the boards of directors of volunteer associations are apt to think that all public officials are "politicians" and are afraid of having any dealings with them. And all those voluntary organizations are quite independent (otherwise they are not voluntary) and can do as they please. How very, very difficult!

Every state and every city has such difficulties as these from time to time, and the real problem is not to state the valid principles, but to adjust and continually re-adjust them to ever-changing sets of facts and circumtsances.

The problem is not getting simpler. In fact it is getting hourly more difficult, because of the extraordinary expansion of the field of public health. When public health was largely a matter of quarantine, and depended largely on the police power, it was obviously, and almost exclusively, a public function. It would be intolerable that any private agency should have any such powers. But now health is, so to speak, permeating pretty much the whole of life. Its police aspects are becoming more or less obsolete. Many of them never were scientifically valid. Health is now primarily a matter of education in its broadest sense—of the development of better habits and sounder views of life, of a better attitude towards one's doctor, and of a changed attitude on his part. It deals with the most intimate concerns of our daily lives—it touches the very center of our personalities. It has to do with everybody—and from the cradle, nay from conception, to the grave.

But if public opinion will not tolerate the exercise of

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police powers by private agencies, it is equally intolerant of granting a monopoly of education to any branch of government, or in fact to government as a whole. The average citizen is in fact very anxious to learn about health from any and all who seem to have any reason for setting themselves up as teachers in this field, but he insists on choosing his teachers. He will listen to them all, but will judge for himself which of them seem to him sound and convincing. He may, and often does, judge wrongly, but to the prerogative of judging for himself in such intimate and personal matters, he will cling while life lasts.

So the anomaly presents itself that while public health is primarily a function of government, and while public health agencies are growing apace, health is at the same time becoming more and more a personal matter, and voluntary agencies are constantly getting more numerous and more effective. In many states there has been, for several decades, some public health authority for every square foot of territory; no farm or hamlet has been without the jurisdiction of some public health officer charged by law with various functions in the protection of public health. And yet every one of those public health authorities is further from having a monopoly of the health field now than it was when it was created.

IT is a truism that in any particular locality at any given time, the actual relations between public health authorities and voluntary health agencies will depend very largely on the individuals who happen to hold the governmental offices and those who hold the executive positions in the voluntary agencies. Perhaps more is to be learned from recalling how certain official authorities and voluntary agencies have worked together than from considering further how they ought to work together.

I think always of the rather remarkable relationship which has existed between the New York State Health Department and the Committee on Tuberculosis and Public Health of the State Charities Aid Association, as developed under Dr. Hermann Biggs as commissioner from 1913 to 1923, and as fully continued by his successor, Dr. Nicoll, formerly Dr. Biggs' deputy. It was the voluntary agency, in this case, which took the initial steps, and, in fact, most of the steps, which made it possible for Dr. Biggs to enter the state service and to find on the statute books a modern and vastly improved public health law.

There had been a close and effective cooperation between the state health department and the Association's tuberculosis committee since the organization of the latter in 1907, though the Association, to fall back on a boyhood phrase, had "had to do most of the lovering." It had become evident, however, that after certain promising beginnings, the Department had reached a stage at which it did not desire to develop its activities further, but rather to be allowed to lead a quieter and simpler life, without continually crowding legislatures and governors and local authorities to more aggressive action in the anti-tuberculosis fight. The advent of a new governor in January 1913, and the expiration on the same date of the term of office of the state commissioner of health, brought the question into the foreground, and the new governor on his own initiative stated that he desired to make a new appointment, and in fact to appoint the greatest health authority in the entire United States.

The existing statute carried several limitations as to those who were eligible. It was suggested to the governor that he ask a group of citizens to consider not only this particular provision of the public health law, but the public health law in general, and to recommend to him the changes which ought to be made. He appointed an unofficial group of citizens, giving them quasi-official status, and the voluntary agency worked through that committee, providing it with a staff and furnishing its secretary. By such happy cooperation, and by the hardest of work, it proved to be possible to turn in a full report in February, to accompany the report with a draft of a bill, to have this transmitted to the legislature by the governor in a strong message with his full approval, and to have this bill made a new public health law by the legislature then in power and in sympathy with the governor. A model vital statistics law was swept along with it, and a large increase in appropriations to carry the new laws into effect followed almost as a matter of course.

Dr. Biggs had no thought of becoming state commissioner of health at that time. It was only in January, 1914, when he found that what he considered vital features of the new public health law were likely to be replaced or made of no effect unless he himself accepted the official position, that he could be persuaded to permit himself to be appointed.

THE relations which continued to exist between the commissioner and the assisting voluntary agency, without interruptions or exception, until Dr. Biggs' lamented death in midsummer of 1923, and which have continued unimpaired under Dr. Nicoll, afford, it seems to me, an almost perfect object lesson of what such relations should be. There was complete independence on the part of the voluntary agency. It arrived at its own policies and spoke only for itself. The commissioner spoke only for the Department. As a matter of fact, during the entire decade, there was never a single instance in which the recommendations received by the legislature from the official department and from the state-wide voluntary agency differed in any respect. They might have differed constantly.

The complete harmony which existed without a single break was due to several factors—the remarkable ability and prestige of Dr. Biggs, and his extraordinary gift for administration, which made it equally a pleasure, a privilege and a duty to support him on all occasions; his punctilious observance of the complete independence of the voluntary agency, and the fact that he never undertook to control its action; and the strategic fact that he was a member of the executive committee of the voluntary association, was present at practically all its meetings, participated in all its discussions, assisted in thinking through all its problems, and could always state and explain the official policies of the Department.

When a new political party came into power in the second year of his administration, before his strength with the people was fully established, and its leader announced as part of his program the repeal of vital features of the new public health law and the reduction of the expenditures of the State Health Department by 50 per cent, it was the voluntary agency which took the brunt of the fight to uphold the law and continue the appropriation. The acts and opinions of this voluntary agency had very great weight with the press and in

(*Continued on page* 178)

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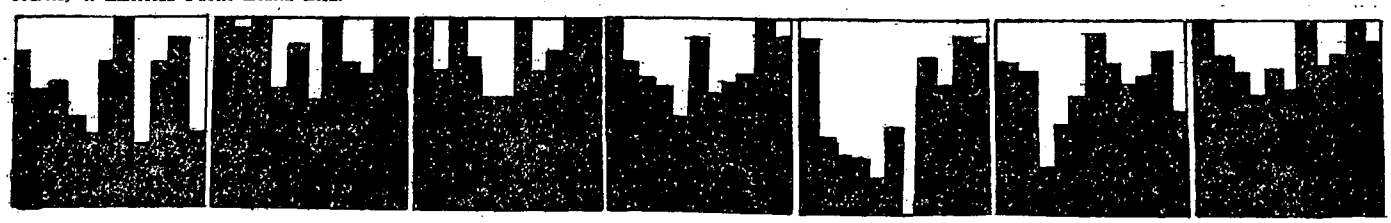
Courtesy of American Public Health Assn.



FALL RIVER SYRACUSE DETROIT BUFFALO WASHINGTON WORCESTER CINCINATI

The TPR of Public Health

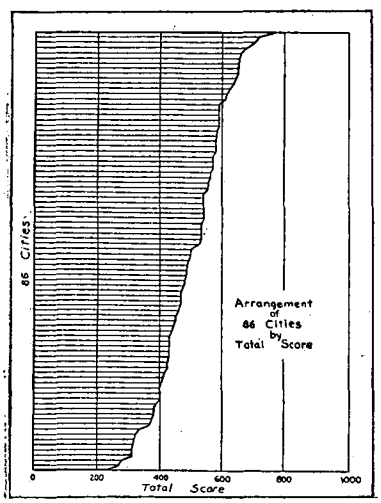
THE carpenter has his foot-rule; the physician, his clinical thermometer; the laboratory worker, scales so delicate that they register the weight of a lead-pencil mark. Because of the lack of such objective standards the social sciences have stood handicapped, denied by many their claim to science at all. Yet this year 1925 sees the emergence of one of them—public health administration—from the old rule of thumb to the attainment of a way of evaluating the health of a community, just as the TPR (temperature, pulse, respiration) on a hospital chart tells the patient's story in a moment to a qualified observer.

Courtesy of Kansas City Council of Social Agencies

The dollar in Kansas City

In 1920 the American Public Health Association appointed a Committee on Municipal Health Department Practice to find out what the large American cities were doing for their people's health. Out of the work of this Committee, supported by a grant from the Metropolitan Life Insurance Company, came Public Health Bulletin No. 136, a highly technical government document of some five hundred pages, which told the experts' story of eighty-three cities which had a population of 100,000 or more, and with it a section which outlined an ideal health department for a city of 100,000. Later this list was expanded to include all cities of more than 70,000 population, a hundred in all, and the record of these for 1923 will be in print before the year is out.

In 1923 the American Child Health Association began a similar study of health work in the eighty-six cities which had from 40,000 to 70,000 population — the results of which reached publication two weeks ago. With the gathering of these data there became available for the first time in the history of cities the story of how one public duty was fulfilled, or left undone, in the large municipalities of a nation.



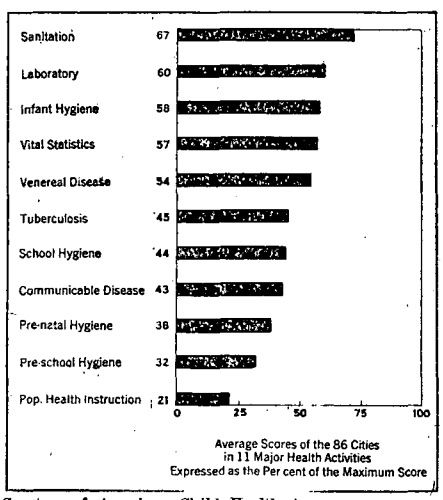
Courtesy of American Child Health Assn.

To put these facts to work was the next monumental task of both groups of health experts. With the aid and counsel of other national health agencies, the American Social Hygiene Association, the National Organization for Public Health Nursing, and the National Tuberculosis Association, and the National Health Council, they worked out a tentative appraisal form for city health work. This in turn was submitted to a group of practising city health officers whose opinions carried the deciding weight, and vote. And so came into being the City Rating plan—a social tool as exact as the conditions of public service permit.

That Appraisal Form lists and defines the functions ordinarily exercised by city health departments and tells what set-up and results may be demanded under each. The graphs which head this page and border the cover (used with the health officers' permission) chart the tides of health work in their respective cities at the time the surveys were made. Each column registers the credit then due under the rating plan for each of the eleven major activities: vital statistics; control of communicable disease, venereal disease, and tuberculosis; prenatal health work; protection of the baby, the pre-school child and the school child; sanitation, laboratory service, and popular health education. At a glance health officer or citizen can see which, according to this standard, are well done; which need further emphasis.

Sanitation, oldest of the civic health duties, has the highest average score in the summary of the eighty-six smaller cities (and the larger cities show much the same tendencies). Popular health education, a comparatively new responsibility, stands at the bottom of the list. Is your city health program well balanced or would you find that much is spent for care and garbage and little for prevention, as Kansas City did in an independent self-survey?

Among the smaller cities, total scores ranged from 235 to 792. Where does your city stand? Ask your health officer. The experts have decided what should be done; he can tell you what has been done; to do the rest will take them and him and you.



Courtesy of American Child Health Assn.

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The requisite health machinery

What Should a City Do?

I. The Large City

By IRA V. HISCOCK

Scissor pictures by Martha Bensley Bruère

1. *Responsibility and Scope of Work.* The authorized force created by a municipality for the preservation of public health is the health department. Its scope of activity has broadened in recent years, to include not alone environmental sanitation and the control of acute infections but also education in principles of personal hygiene, child hygiene, and the development of medical and nursing service for the early diagnosis and preventive treatment of disease, in health centers and sometimes even in the home. As cities have recognized their responsibility in regard to these affairs they have instituted the requisite health machinery, supplemented in many cases by excellent service rendered by voluntary agencies whose achievements in pioneer fields are well known. For the purpose of the present discussion of modern health practice, however, it has been assumed that all activities are performed by the health department unless otherwise indicated. The cities to which reference is made below are cited merely as outstanding examples; many others might well have been included by reason of the excellence of special or general pieces of work.

An advisory council to approve the budget

2. *Organization and Budget.* Four essentials for successful health administration are expert officials, adequate funds, proper health regulations, and a favorable public opinion. The general administration of the department should be conducted on a full-time basis, by an able medical health officer, well trained, well paid and secure in tenure. A board of health or advisory council of about five members, serving for overlapping terms, is customarily provided to advise the health officer in regard to general policies, to approve the budget, and to promulgate the sanitary code. It is obviously desirable that the members of this board shall be interested in public affairs and shall meet regularly, as once a month. One member should be a physician, while one might be a woman, one a business man, one a lawyer and one an engineer. It is somewhat surprising to find in one city that an undertaker heads the board of health, while plumbers are still not uncommonly represented.

Attractive and spacious quarters are needed for the departmental bureaus representing the principal functions, with full-time directors in charge of each bureau. The majority of health departments are located in the municipal building, near other city departments, such as education, engineering and public works, with whom the health department necessarily maintains close contact. A central health building, adequate for the different bureaus and special clinic rooms, has proven of practical and educational advantage in Bridgeport, Connecticut; and in Flint, Michigan. Clinic and consultation service in many cities is provided through health centers in various parts of the city which serve as district offices of the department of health. Two health center units in Boston provide district headquarters for all the health and social agencies working in the district, and this has resulted in the closest correlation and cooperation between the workers of the various agencies.

According to reliable estimates, based largely on the findings of the Committee on Municipal Health Department Practice of the American Public Health Association [Public Health Bulletin 136, U.S.P.H.S. 1923], a health department organization, competent to deal adequately with the fundamental problems of municipal health administration, needs a budget of $2 to $2.50 per capita of population, including the cost of hospitalizing cases of communicable diseases. This figure includes provision for many types of service, such as infant welfare, tuberculosis clinic, and public health nursing, which are now frequently performed by private agencies. Even including these items, however, the amount suggested as desirable is actually provided in only a few cities, while the total appropriations of health depart-

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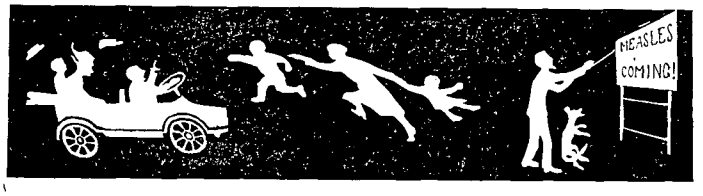
ments vary from a few cents per capita to about three dollars, when garbage disposal and hospital service are also included. While there is a tendency for official agencies to undertake more and more activities, it has been well said by Sir Arthur Newsholme that the best official worker is he who manages to bring as much voluntary aid as possible into his work.

3. *Vital Statistics.* The function of registration of births, marriages and deaths should be localized in the health department, as sound conduct of health work is governed by the careful analysis of information obtained from these sources. Legislation, substantially identical with the model laws for birth and death registration endorsed by the United States Census Bureau, should lead to the reporting of practically all deaths and of at least 95 per cent of all births. The International Classification of Causes of Death should be followed. Records and certificates should be preserved in fireproof vaults, and not allowed to accumulate on the office table or in the registrar's home or drug store. For many years the weekly, monthly and annual reports of the New York city bureau, for example, have proved exceedingly valuable. Completeness of reports is maintained by occasional checks, and by education among doctors and midwives. Recording of births, deaths and sickness by permanent sanitary area units has been instituted in some cities.



Health bulletins in Detroit warn against danger

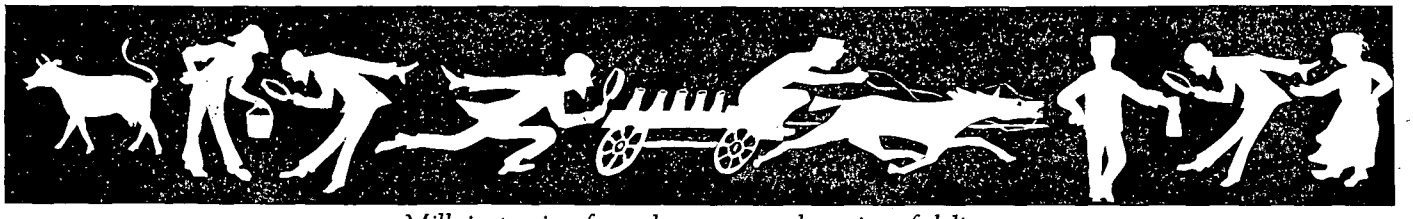
4. *Control of Communicable Diseases.* Effective control of communicable disease depends on prompt reporting of cases to health authorities, investigation of sources and means of spread, and elimination of avenues of infection. Consulting diagnostic service for use by physicians is most desirable. The Detroit health department, for example, has maintained for years a diagnostic service consisting of well trained clinicians who have specialized in contagious disease work. The department has twelve part-time physicians in this service who give approximately three hours daily to such work, and the practicing physicians of the city are accustomed to call freely upon them for consultation. It is the practice in Milwaukee, Wisconsin, among other cities, to vaccinate contacts of smallpox cases, to culture the contacts of diphtheria cases, and to examine the contacts of tuberculosis cases. Release from isolation of cases of typhoid and diphtheria is based upon negative cultures. Hospitalization of important communicable diseases is successfully encouraged. The value of the Schick test in detecting susceptibility to diphtheria and of toxin-antitoxin in producing immunity has been clearly demonstrated as in New Haven, where 70 per cent of the school children and a large proportion of pre-school children are protected.

A health department should aim to obtain full reporting of cases of tuberculosis and to maintain a systematic register of all such cases, not only that each case may be so cared for as not to be a menace to others, but that it may receive the necessary medical and nursing care, either at home or in an institution. Adequate dispensary facilities are necessary for the diagnosis of tuberculosis and the treatment of ambulant cases. Both day and evening clinics are desirable. Present standards indicate that under an effective system, four hundred patients a year per one hundred thousand population may be expected to come to these clinics, making an average of ten visits a year. On the same population basis, good nursing follow-up will require about eight thousand nursing visits a year paid to tuberculosis cases annually. Advanced cases may often be cared for in general hospitals or isolation hospitals, but sanatorium and hospital facilities should be provided to the number of one hundred beds per one hundred thousand population.

An adequate program for the control of venereal diseases includes educational, recreational, social and medical measures, as well as law enforcement. Day and evening clinic facilities for the early detection of these diseases, followed by efficient intensive treatment, is vitally important. Hospital facilities for a limited number of bed cases are likewise essential, but these again may be provided in general hospitals.

In Newark, New Jersey, municipal clinic service, with paid clinic physicians, nurses and social workers, provides early diagnosis, treatment and follow-up of cases of tuberculosis and veneral disease. The educational campaign includes the use of lantern slides and motion picture films in lectures. Provision is made in the city hospital for bed cases of venereal diseases and for emergency cases of tuberculosis, in addition to more extensive facilities offered for tuberculosis cases in county and state institutions (amounting to approximately one bed for each annual death). It is also noteworthy that in this city, 48 per cent of the cases of typhoid, 25 per cent each of the cases of diphtheria and scarlet fever, and 100 per cent of the cases of smallpox are hospitalized.

5. *Child Hygiene.* The modern conception of an adequate child hygiene program includes provision for pre-natal and obstetrical care, infant welfare, pre-school and school hygiene. New York City was the first to create a bureau of child hygiene and to establish a sound policy of health protection of maternity, infancy and childhood, reaching through school life. A system of pre-natal clinics and baby health stations covers the city and is supplemented by an excellent visiting nurse service. In her study of conditions in Cleveland, Dr. S. Josephine Baker concluded that one nurse, to obtain the best results, should have not more than one hundred infants under observation. Midwives should be licensed and effectively supervised. In Minneapolis,



Milk inspection from the source to the point of delivery

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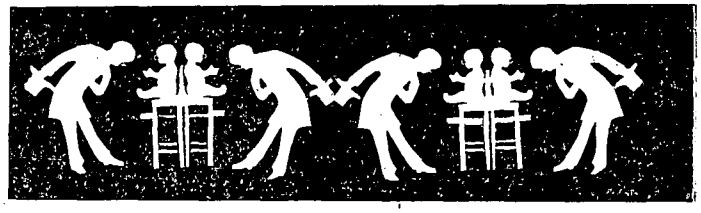
Minnesota, where the Infant Welfare Society conducts pre-natal, infant and pre-school work, 93 per cent of the babies born in 1923 were delivered by physicians, while 65 per cent of all the births occurred in hospitals. Twenty per cent of the expectant mothers received pre-natal care in clinics.

In Boston, special attention is given to the care of the pre-school child by both official and non-official agencies. Well child conferences for children of pre-school age are held at the various health centers. An average of seven thousand services per month with emphasis on prophylaxis is being rendered at each unit, where the program includes pre-natal service, baby conferences, prophylactic dentistry, serum therapy, posture, nutrition, mental hygiene, periodic health examinations and general health education. The health department has developed a plan which has received universal commendation wherby the three grade A medical schools, Harvard, Tufts and Boston University, furnish the medical personnel which functions at the baby and pre-school age weekly conferences. The medical personnel in each instance is supervised by the professor of pediatrics of the respective schools and the city of Boston pays each medical school for the services rendered. This assures the babies of Boston a high type of pediatric service free from any inference of political preference or placement. The medical schools in turn are availing themselves of the facilities presented by these conferences as a training opportunity for medical students. The department is now conducting thirty-one baby and pre-school age weekly conferences with an average attendance of thirty-seven babies and an average of eleven pre-school age children. A total of 114,657 home visits were made to babies and pre-school age children during the eleven months since the reorganization of the work under the health department. The nursing division is linked up with the Simmons College department of public health nursing, whereby the students at this institution receive an opportunity for doing field work in child hygiene.

The chief aims of school health supervision are to educate the child in the principles of healthful living, so that he may himself have sound health and thus safeguard the community in the future; to find and correct physical, mental and medical defects in the child before they affect his ability to learn and interfere with his school career; to provide a healthful environment for the child; and to protect the community from the spread of communicable diseases. Sufficient personnel should be provided to allow one doctor to every three thousand children and one nurse to about two thousand children, in addition to an adequate staff of dentists and specialists. Thorough physical examinations including heart and lungs, should be made of each child at least three times during school life and continuous records should be maintained. Unfortunately, such a program is still an ideal not yet realized in many cities, where funds and personnel are not adequate to allow sufficient time for thorough examination, or records are not maintained of defects found and defects corrected.

In Providence, Rhode Island, an excellent program has been developed in the division of child hygiene, directed by a woman physician. The children of the public and parochial schools are examined three times in their school career, in the first, fifth and seventh grades, and 55 per cent of the school children examined in 1924 were found to have defects. The results of follow-up are so good that treatment was secured in 77 per cent of the cases in which it was advised. There are nutrition classes and open-air classes for undernourished or pre-tuberculous children. In several cities, parents are urged to be present at the time their children are examined; the health officer of Toronto, Ontario, Dr. Charles J. Hastings, reports that a large proportion of the parents take advantage of this excellent opportunity of obtaining first-hand information of the condition of their children.

In Cleveland, Ohio, the school health organization of the public schools has been developed within the board of education. The work of the physicians and nurses is closely correlated with other school activities among which are open-air-rooms, school for crippled children, classes for the blind, school for the deaf, classes for educationally exceptional children, classes for speech defects, the examination of children seeking working permits, and nutrition classes. Outside the school system, their work is correlated with all those agencies having to do with child welfare, such as the department of public health, various hospital dispensaries, tuberculosis clinics, fresh-air camps, visiting nurses association, federated charities, juvenile court and the Humane Society. School health supervision of children of the parochial and private schools, comprising 20 per cent of the total enrollment of grade school children, has properly been developed within the division of health. Through a close working relationship with the public school activities for special cases, children who are crippled, blind or deaf, or exceptional in other ways, are referred to public school facilities not provided within the parochial school system.



114,657 visits to the babies of Boston

6. *Public Health Nursing.* The importance of the nurses' work in the whole public health campaign is realized more fully each year, especially in its relation to education in matters of personal hygiene. Nursing personnel equivalent to one nurse to every two thousand people is considered necessary for the execution of a complete program, as indicated in the 1923 report of the Committee on Municipal Health Department Practice, previously mentioned. The following fundamental functions of a nursing examination were outlined at that time:

(a) The home visitation of cases of acute communicable disease for the instruction of attendants in the technique of isolation and concurrent disinfection, for the taking of cultures and preliminary examination of contacts, and for the dissemination of knowledge in regard to the value of vaccine and serum therapy.

(b) The assistance of physicians at tuberculosis clinics; and home visitation for bringing contacts and suspicious cases to the clinics, for instruction of patients in home care, and for the following up of arrested cases.

(c) The assistance of physicians at venereal disease clinics; and home visitation in special cases where such visitation may be advisable.

(d) The assistance of physicians at infant welfare clinics and pre-natal clinics; and home visitation for the instruction of mothers and expectant mothers in the hygiene of maternity and infancy.

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(e) The assistance of school physicians in the examination of school children; and home visitation to secure needed treatments and to instruct mothers and children in the hygiene of childhood.

For economy of the nurses' time and for the benefit of closer personal contact with families, the organization of nurses on a generalized basis has proven most satisfactory in some of the large cities, as Columbus and Dayton, Ohio; and Los Angeles, California. In Columbus a coordinated plan has been developed by the health commissioner and the superintendent of the Instructive District Nursing Association. A division of nursing is organized in the department of health with the associate superintendent of the district nursing association as chief of the division; her salary is paid jointly by the nursing association and the department of health and she in turn is responsible to the superintendent of the nursing association and also to the health commissioner. The department of health has assumed a part of the salaries of the staff nurses of the nursing association, which has taken on its payroll the nurses employed directly by the department of health, thus making a joint staff of the two organizations. The superintendent of the Instructive District Nursing Association is not on the payroll of the department of health but is responsible only to her board. In Dayton, the control is centralized; the same director supervises the nurses of the health department and Visiting Nurse Association, and offices are furnished by the health department.

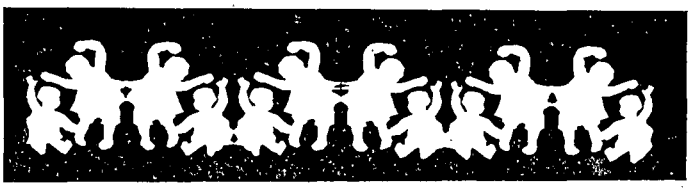
The public health nursing service of many of the large cities is on the specialized basis, but, as in Chicago, with centralized direction in the department of health, and with close cooperation between the public and private agencies. A creditable plan of securing coordination of nursing activities of the official and voluntary agencies has been evolved in Providence. The city makes an annual appropriation to the nursing association and the superintendent of health is an ex-officio member of its board of managers. Every year the superintendent of health and the director of the nursing association meet and plan their work so as to secure the best possible cooperation and the greatest efficiency. The two departments are in almost daily conference.

Keeping a check on the swimming pools of the city

7. *Laboratory.* A well organized laboratory should be maintained to provide free diagnostic service, to aid in the sanitary control of milk and water supplies, and to carry on research problems of a public health character. Health officials now recognize the laboratory as one of the foundations of effective health work and as an invaluable means for coordinating their activities. In only one of a large number of cities recently surveyed had laboratory work once undertaken been discontinued, and this was a city in which the dangers of political interests had apparently been demonstrated, as judged by the striking lack of constructive health work and the frequent changes in personnel. Laboratory service in the large cities is generally well developed and specimens are annually examined at a rate which corresponds to about one to every twelve people.

A very few city laboratories manufacture biological products for diagnosis, prevention and treatment of disease. The New York laboratory which is a pioneer in this kind of work manufactures smallpox vaccine and bacterial vaccines, diphtheria toxin for Schick tests, and toxin-antitoxin for immunizations, diphtheria and tetanus antitoxin, and anti-pneumococcic and anti-meningococcic sera. The clinical division of this bureau advises physicians in the use of these products and when requested aids with such products in diagnosis and treatment of patients.

The splendidly equipped Bridgeport laboratory performs a wide range of examinations for the physicians of the city, for the city clinics and for city hospitals. These include examinations of specimens for diphtheria diagnosis, release and virulence; tuberculosis; gonorrhea; syphilis; typhoid fever; paratyphoid; cerebrospinal meningitis; pneumonia; malaria; Vincent's angina; ringworm; and dysentery. Blood counts are made, and examinations of gastric contents, while urinalyses are carried on as routine. In cooperation with the police department, analyses are made of liquors, while for the public works department analyses are made of the products of the garbage reduction plant. A constant check is kept on all public and private water supplies and swimming pools of the city, while a considerable part of the time of the division is devoted to the bacteriological and chemical examination of milk samples.



Behavior problems

8. *Mental Hygiene.* There should be in every city a comprehensive program of mental hygiene for children and adults, including psychiatric hospital facilities, psychiatric clinic facilities and psychiatric social service. This work, however, is at present considered to be largely a function of voluntary agencies. The Commonwealth Fund through the National Committee for Mental Hygiene has rendered particularly valuable service in Cleveland, Dallas, Los Angeles, Minneapolis and Philadephia in bringing about the estabishment of child guidance clinics. These clinics deal with any type of mental disease or defect involving definite behavior problems, referred by schools, physicians, family welfare workers and parents. Provision is made for complete physical, psychological and psychiatric examination as needed, with clinic treatment and necessary follow-up work in the homes.

9. *Inspection.* An inspection service should be maintained for the control of milk supplies from the source to the point of delivery, for the systematic inspection of food-handling establishments, and for general nuisance inspection and the supervision of housing conditions in occupied buildings. The extent and character of inspection service needed in a given case can only be determined by a knowledge of local conditions. There is still a tendency, particularly in many of the smaller cities, to feature sanitary inspection out of all proportion to other health activities which may have a more direct effect on the prevention of sickness and

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deaths. In a few cities, unfortunately, almost all efforts are directed toward environmental sanitation.

An effective inspection service, well balanced with other activities, is maintained in Richmond, Virginia. Restaurants, hotels and food stores are inspected and permits are required for their operation. Special regulations exist for sterilization of utensils at soda fountains. Particular effort has been directed to the safeguarding of the milk supply since 1907 when local officials took the view that the "dairy was a factory where the most delicate of foods, as well as the most valuable and most easily contaminated, is produced." Uniform plans of dairy barn construction were provided to dairymen by the health department. At the present time dairy barns (*Continued on page* 180)

II. The Small City

By PHILIP S. PLATT

IN order to arrive at a better conception of what constitutes reasonable public health work and the cost of such a service, the Research Division of the American Child Health Association has prepared a plan of organization of community health work for a city of 50,000, published in full in its Health Survey of the 86 Cities,* on which the present discussion is based.

This plan is in no sense to be taken as an ideal or a rigid and unmodifiable proposal. It was based originally upon the recommendation of five investigators, after each had surveyed from fifteen to nineteen cities. Every effort has been made to base its assumptions of work to be performed, the time and personnel required and the cost of each service, on conservative, average practice in the better cities. The plan has received the continuous study of its sponsors for more than a year; it has been under repeated revision in whole or in part, by members of the staff of the National Health Council, the National Organization for Public Health Nursing and the National Tuberculosis Association, and embodies the suggestions of several health officers, state and local. Substantial contribution to the plan has also been made by Professor Ira V. Hiscock of Yale University.

The estimated cost of this moderate, well-rounded public health program, for a city of 50,000 population, is $79,490 or $1.59 per capita, if the entire nursing service of the city on a generalized basis were to be included. Of this budget, 72 cents per capita, or 45 per cent, represents the cost of the community nursing service. These figures may seem, at first thought, to be out of all proportion to the present practice and financial resources of our smaller city. However, a number of cities spend an even larger sum, if the cost of all of the health activities of the community is included. The figures cannot be fairly compared with any existing health department budget for there is no one of the 86 cities in which the health department attempts to carry on all the branches of health work which are outlined in the plan. In 61 of the 86 cities the school nursing work is carried on by the deparment of education. In 75 cities, private organizations provide nursing services, supplementing in most cases the meager nursing service of the health department. Hospitalization of communicable diseases and tuberculosis appears to entail no expense to the health department in 57 of the 86 cities, while in the remaining cities it varies from 1 cent to 85 cents per capita. In other words, in not a few cities the total amount spent on health by the department of health, the department of education, the state department of health, the local nursing associations, the societies interested in tuberculosis and venereal diseases, the special clinics or dispensaries, the office of registrar of vital statistics and the parochial schools, would be equal to or exceed the total required by the rounded plan put forward, namely $1.59.

The following table summarizes the budget of the proposed plan for the health for a city of 50,000:

THE CITIZENS' BILL: A HEALTH DEPARTMENT BUDGET FOR A CITY OF 50,000

Service	*Salaries*	*Maintenance*	*Total*	*Cents per capita*
Administration, education and records (including vital statistics)	$8,200	$2,500	$10,700	21.4
Inspection (including sanitary inspection, food and milk)	5,600	500	6,100	12.2
Laboratory	2,800	1,000	3,800	7.6
Communicable disease control (including tuberculosis and venereal diseases)	2,750	3,000	5,750	11.5
Child hygiene (including pre-natal infant, preschool and school)	10,700	1,600	12,300	24.6
Total (without nursing or hospitalization)	$30,050	$8,600	$38,650	77.3
Hospitalization of communicable disease	———	5,000	5,000	10.0
Total (without nursing)	$30,050	$13,600	$43,650	87.3
Generalized nursing	36,900	1,500	38,400	76.8
Grand total	$66,950	$15,100	$82,050	164.1
Less income from nursing service			2,560	5.1
Net total			$79,490	159.0

In considering this budget for communnity health work it must be borne in mind that the health department is considered the general executive organization. This does not mean that the private agencies have no place or that they should be exterminated or curtailed by such a plan. Progressive private agencies are essential to effective health work, but the release of much of their energies from the work they are now doing would permit them to continue to make important contributions along lines of activity which are exclusively those of the private agency.

1. *Administration, including Vital Statistics and Health Education*—twenty-one cents per capita: the price of a package of cigarettes.

The administration of the department, under which term is included the specific health education work and the registration and analysis of vital statistics, is in a very real sense the brain center of the department. The objectives, the quality of work and the results that are accomplished are

*The Health Survey of 86 Cities (Section IV, pp. 540-590, by the Research Division of the A. C. H. A.). American Child Health Association. Price postpaid of The Survey, $3.

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decided here, depending on the leadership and the ability of the health officer.

For this service the following staff could be assembled:

(1) A capable health officer, with special education and experience in public health, and with those personal and professional qualities that will make him acceptable to the medical as well as to the lay group. In addition to his duties as director of the department, the health officer would act as registrar of vital statistics. A salary of $5,000 might be considered a fair remuneration.

(2) A secretary-stenographer whose duties would be the conduct of daily routine of the office, with special responsibility for the registration and tabulation of the vital statistics.

(3) A clerk-typist for the office routine, including the copying of birth and death certificates.

The salaries and maintenance of this division would amount to $10,700.

2. *Inspection Service*—twelve cents per capita: the cost of a special delivery letter.

The inspection service of the smaller city which has no malarial problem can, as a rule, be adequately maintained by three inspectors, one for milk, one for other foods and one for sanitary inspections. It must be assumed that these inspectors are imbued with a modern health attitude and with real enthusiasm for their jobs. Such inspectors become effective health educators instead of merely unimaginative enforcers of a sanitary code. The close working relationship between the laboratory and the milk and food inspectors, and between the nursing service and the sanitary inspector will do much to increase the efficiency of all concerned.

The salaries of the three inspectors and the cost of maintenance of automobile transportation would be about $6,000 a year.

3. *The Laboratory Service*—eight cents per capita: the cost of a morning paper and a carfare.

If the health work of the modern city is to function efficiently, if the control of the water and milk supply and communicable disease is to be based upon facts rather than personal opinion, and if the clinical service is to put into practice for its patients all of our present-day knowledge of disease prevention, there must be available a public health laboratory doing work of such high character and broad scope that all workers in this field will instinctively seek its technical knowledge and advice. This has been recognized for some time by the larger cities and not a few valuable contributions to public health are the results of the painstaking and patient effort of the laboratory worker.

The laboratory should be satisfactorily administered by a bacteriologist of good training, assisted by a part-time helper to clean glass-ware and prepare media. Some six thousand examinations, including all types, would probably be made yearly and the cost of the service including maintenance would not exceed $4,000.

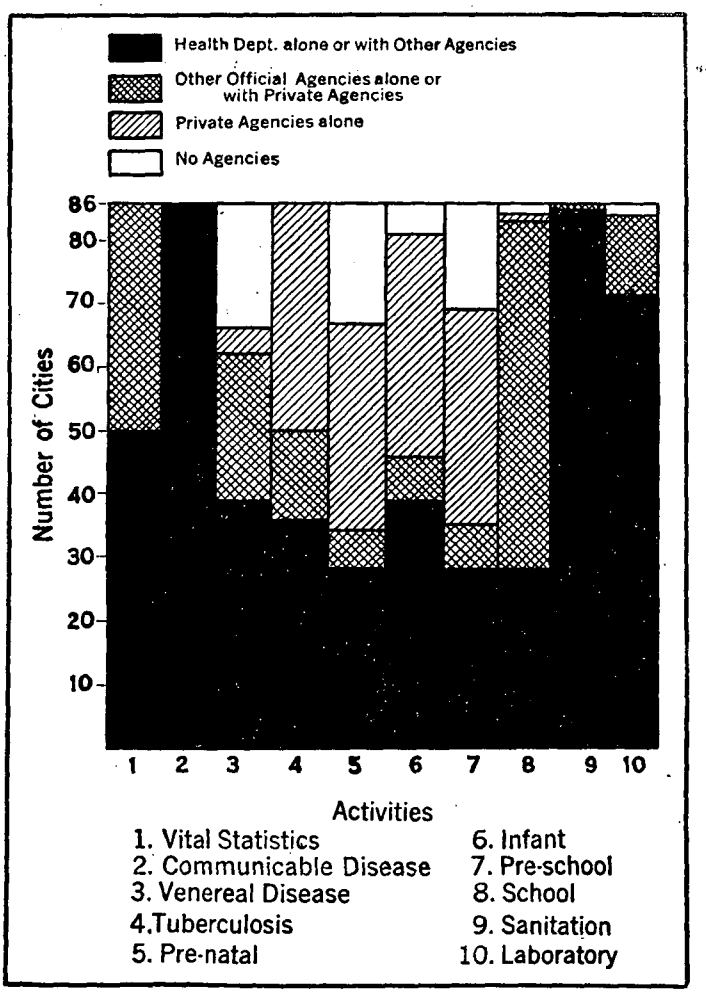
4. *Communicable Disease Control*—11.5 cents per capita (exclusive of hospitalization and nursing): the price of a loaf of bread.

Under this heading are included epidemic diseases as well as tuberculosis and venereal diseases. The control of epidemic diseases will fall upon the health officer, who, however, would be assisted in the consultant diagnostic work of the department by a physician who has had special training in recognition of the communicable diseases. As this service is called upon infrequently, it is considered that the full-time school physician can fulfil its demands without detriment to his regular work.

It is estimated that some twelve hundred cases of communicable disease, exclusive of tuberculosis and venereal diseases, would be reported annually to the health department of a city of this size, and that these cases will be visited, on an average, three times. This would require the full time of two nurses who would have a small amount of time left over to be spent in the immunizing clinic, for which provision should be made. Provision should also be made for the cost of hospitalization of individuals who cannot afford such care. An additional $5,000, or ten cents per capita, has been allowed for this expense.

The tuberculosis service might take the form of two two-hour clinics, conducted by a part-time physician assisted by a nurse, home visits by the nurses, hospitalization facilities, legislative measures and special activities conducted largely by private organizations, such as nutrition classes, mid-session lunches, open-air schoolrooms, playground facilities and day camps or preventoria. On the basis of the average tuberculosis problem, two nurses would be required.

The control of venereal disease should embrace medical, educational and recreational measures, law enforcement and protective social expedients. Two clinics should be held weekly, in charge of a part-time physician with one nurse and one male attendant. Nursing visits to patients require



Types of agencies conducting health work in the eighty-six cities

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a part of the time of a nurse. The physician should, of course, be remunerated.

5. *Child Hygiene*—24.6 cents per capita: the price of a movie.

Under child hygiene are included maternity care and the hygiene of infant, pre-school and the school child.

Pre-natal Hygiene. The deliberate limitation of this health program does not permit of anything like a complete service. Indeed it is assumed that pre-natal service should limit its activities to approximately 25 per cent of the pregnancies. A weekly two-hour clinic should be sufficient to meet the demands for clinical services, of which about one-half of the number registered would avail themselves. An obstetrician, assisted by a nurse, should conduct this clinic. The nursing service to the patients in their homes would require the full time of a nurse who should see that their special medical, dental and nutritional needs are met. Likewise the nursing care at the delivery (which if available would be utilized by about one-fourth of the mothers) would require the time of a second nurse, while the post-natal care of these cases would require the services of a third.

Infant Hygiene. A sound program of infant care embraces a system of infant welfare clinics with the regular medical examinations and supervision, a nursing service in the homes, educational work among girls in the higher school grades, and group conferences with mothers and expectant mothers, for discussion of problems of nutrition, dental hygiene and infant care. The clinic service which is provided restricts its activities to 30 per cent of the children under two years of age, a number which would amount to about 675 infants in a city of fifty thousand. It would require four clinic sessions a week, provided the visits were made every four to six weeks. This would require about eight hours of medical service a week and about one-fourth of the time of a nurse. The nursing visits to the homes of these children would require three nurses, on the understanding that every new-born child receives one visit, one-half of the infants under one year of age receive seven visits a year, and one-half of the children between one and two years of age receive four visits a year. This is less than the number reported in numerous cities of this size.

Pre-school Child Hygiene. In the four-year interim between the end of babyhood and his entrance into school, the pre-school child is likely to find himself no longer in the limelight. During this period he is growing normally in wisdom and stature or he is acquiring a multitude of defects which unless detected and corrected will handicap his school career and future development. Clinics should give special attention to these children, remedying deficiencies and guiding the mother through the problems of nutrition and behavior habits. Home supervision by nursing and special workers should be provided for those who cannot avail themselves of the advice of the private physician. If only one child in ten comes to the clinic five times during the year (diphtheria immunization followed by Schick testing requires five visits), still two two-hour clinics a week would be required, with a doctor and a well-trained nurse in attendance. If only 25 per cent of the pre-school children were seen three times a year in their homes, the number of nursing visits would require the time of two nurses.

School Hygiene. The five-fold purposes of a school health supervision program are:

(1) to protect the community from the spread of communicable diseases.
(2) to insure sanitary conditions in the school plants.
(3) to discover early and correct physical and mental defects.
(4) to provide systematic physical education.
(5) to educate the child in the principles of healthy living.

Broadly speaking, for economy of service and simplicity of organization, supervision should be exercised through one administrative department. Whether this be the health department or the department of education is of less importance than the assurance that the work is done effectively. The minimum requirements in personnel to carry out this program even moderately well for eight thousand school children would be a full-time school physician and four nurses, aided, of course, by the cooperation of the teachers and the school principals and special workers.

6. *Nursing Service*—generalized service 71.7 cents per capita; specialized service 90.9 cents per capita: the price of a box of candy.

Community nursing has come to be recognized not as an expense but as an investment which pays large dividends in the saving of human lives and the prevention of suffering. No community can afford *not* to spend the money for this home missionary of health.

While it is obvious that other development of the public health nursing service should be gradual, it is equally important that our eyes should be open to the considerable number of nurses that are necessary in a city of this size if even the restricted program outlined above is to be carried out. The method which has been followed in the plan for estimating the nurses needed was based on the assumption of an average of 2,000 nursing hours per nurse a year, or expressed another way, 2,000 nursing visits per nurse a year. Having determined approximately, first, the number of persons to be reached, and second, the average number of times each patient is to be visited, the number of nurses necessary for a given service is easily calculated. The virtue of such a method of computation is that by modifying the number of individuals to be served, or the number of services to each individual, according to the practice observed in any city, the number of nursing hours required may be determined, and the degree to which the existing number of nurses can meet the needs is clearly indicated.

The use of such methods reveals that the number of nurses required to meet the restricted public health program, if the nurses are to specialize in the various fields of nursing, is as shown in the table below. However, if the generalized plan of nursing were adopted in which each nurse confines her work to a definite district and meets the whole nursing needs in each family, it is believed that the saving of time usually consumed by specialized nurses in travelling between visits would result in a considerable saving in the number of nurses required. This number would be equivalent to about one field nurse for every twenty-five hundred of the population. The number of nurses required under the (*Continued on page* 181)

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What You Can Do

By GEORGE TRUMAN PALMER, Dr. P.H.

WHAT is this public health business and where does the citizen fit in?

Public health means less sickness of the kinds which can be avoided if one knows how, fewer babies dying, less money spent for doctor's bills, less unemployment because of less disability, more efficient work, a more comfortable life, a more livable life, a richer life, and the possibility of a longer life. Its aim is to lessen the waste in health. This is practicable. It is being achieved. It will be increasingly effective as each individual person becomes conscious of the possibilities of health preservation.

The administration of public health calls for the services of professionally and technically trained people. There is the physician, the dentist, the dental hygienist, the nurse, the sanitarian broadly trained in health administration, the bacteriologist, the chemist, the sanitary engineer, the statistician, the publicity specialist, the health-trained school teacher, the nutrition specialist, the veterinarian, the dairy and milk expert, as well as the administrative staff.

What is left for the citizen to do?

IN the first place, inasmuch as the average citizen is the recipient of all this attention, he can harken to the way of life these specialists map out for him and act on it. Should he do just that he would become so healthy that the bodyguard of scientists could probably be considerably reduced in number without detriment to the progress of the race. At least they would be free to devote more time to studying new ways of becoming even more healthy. This is not mere joking. One cannot expect every citizen to respond immediately to the advice that he have his children immunized against diphtheria, for example. They are his children and it is only natural that he should want to make sure that any unusual step he may take is safe and is worth while. Granted. He can be alert, however, for new ideas of health; he can take a reasonable and interested attitude toward those scientifically trained people who are making the recommendations.

Secondly, the citizen can aid the public health by disciplining himself to do those things which he knows to be best for his personal health, and that of his neighbors, and by ceasing or at least curbing those actions which judgment informs him are inimical to health. Chauncey Depew is reported to have said, "Longevity is largely a matter of curbing appetites until temperance and moderation become habits." This is one of the first principles of personal health.

Finally, with a receptive public and a self-disciplined individual, there is needed from the great mass of citizens encouragement and support of public health enterprises.

This active support can be most effective when it is expressed in the creation of actual working public health committees which will stand intelligently behind the progressive health officer. There should be a health committee in the social clubs, business organizations, chambers of commerce, churches, women's clubs, fraternal bodies, parent-teachers associations and the like. These committees do not need to become so active as to interfere with each other. They can function best by constituting themselves the health intelligence service of their respective organizations, first receiving stations, and then transmitters of health news and information to their parent groups. Representatives of these committees should be ready to serve as an advisory committee to the health officer.

THE first step in health progress is for a community to "know itself." It can best "know itself" by taking an annual inventory of its health assets and liabilities. The facts must be revealed if a city is to build intelligently. The conduct of this inventory is a most appropriate task for the advisory committee on health, looking to the health officer for technical advice as to methods and for interpretation of findings. A practical form of Community Health Inventory suitable for cities with populations between 10,000 and 100,000 is presented on the following pages.

The diagram shows a large letter H, which stands for Health. When the necessary information is gathered the twenty-five separate blocks can be filled in, the result indicating in a simple graphic manner the extent of health activity or health security in the community. By multiplying the number of items receiving credit by four, the result may be expressed as a percentage of the total possible credit.

Counsel should be taken of the health officer and the superintendent of schools before such a Community Health Inventory is launched, as they will be the source of much valuable, practicable advice in the undertaking. The inventory committee should be organized with a chairman and the gathering of the separate pieces of information should be assigned to different members of the committee. The answers turned in by the committee members should be discussed by the committee prior to entry on the chart.

The twenty-five items selected are not meant to be exhaustive. In fact they are simple questions capable of answer. They are meant to serve merely as indices of health work. The city that can fill in most of these items is at least on the road to success in its public health program.

The smaller cities, it is true, will find it more difficult to register favorably than the larger city, but the working out of the plan will bring up most interesting subjects for discussion, and after all the greatest possibilities for advancement in public health have their beginnings in live and widespread interest in the subject.

This inventory of health is simply a beginning, a preliminary test. It should not be looked upon as a substitute for the more detailed and technical appraisal of health activities to be made by the health officer or by an outside public health organization called in for the purpose. For a more technical evaluation there has been prepared an Appraisal Form published by the American Public Health Association. This association as well as the American Child Health Association stands ready to assist communities in the application of this technical Appraisal Form. (Either may be addressed at 370 Seventh Avenue, New York.)

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1. Have you a full time health officer?

If a community has but a small amount of money available for public health, the best initial investment is to secure, at an adequate salary, the service of a full-time health officer, a person trained and experienced in the field of public health. Interest, attention, and wise leadership will accomplish results even with limited assistance. Assistance without seasoned leadership frequently results in waste motion and produces a false sense of security. It is better for the smaller community to combine with other communities in supporting a trained health officer or to become part of a county health unit than to attempt half-way measures independently.

2. Have you consulted your health officer before making this inventory?

The first essential in a community health program is that the different organizations should pull together. Betterment enterprises should not be undertaken without first obtaining the counsel of the official head of health work in the city. If leadership and vision is expected from the health officer he must be kept informed of the wishes of his constituents.

3. Have you a staff of public health nurses either within or without the health department?

The public health nurse is the great messenger of health. She reaches the home and knows how to translate the seemingly complicated rules of safe living into a simple language that the mother and the father and the children can understand.

4. Have you a safe public water supply?

It is a crime to have anything else. Typhoid fever is only one-fourth as prevalent as it was twenty years ago and this is due largely to the better safe-guarding of public water supplies. Your health officer, city engineer and state health department can answer this question.

5. Is there a public sewerage system which serves the major portion of the city?

This is most important as it does away with the necessity of cesspools and outhouses. The open privy is always a danger spot when it is accessible to flies. Of course, to derive full benefit from the sewerage system, all houses should be connected to it. Credit should be allowed if 90 per cent or more of the dwellings and business blocks have sewer connections. One thing more: provision should be made in the disposal of the sewage that it does not pollute the water supply of some other city. It should be treated in such manner as not to cause a nuisance or constitute a danger to others. The Golden Rule holds good even for public sewerage systems.

6. Is there a public health laboratory?

The laboratory determines whether throat cultures contain diphtheria germs, whether the sputum from a suspiciously sick person has the tubercle bacteria, and whether the milkmen are supplying clean milk. The laboratory is the right hand of the physician when a diagnosis of certain communicable diseases is to be made. A city without a laboratory is almost as handicapped as a scout without eyes.

7. Is there an established service for the inspection of dairy farms supplying milk to the city?

This is one of the steps to insure clean milk. Many dairymen who are producing dirty milk will produce clean milk when they appreciate the necessity for it and understand what things are important in clean milk production.

8. Is pasteurized milk so universally used that no raw milk is sold in the city other than a small amount of certified milk?

The only safe milk is pasteurized milk. The dairyman can produce clean milk but the only sure protection against the transmission of certain communicable diseases from the sick milker or bottler to the consumer is pasteurization. This means real pasteurization—140 to 145 degrees Fahrenheit for twenty minutes. The pasteurization plants should have recording thermometers and they should be inspected at intervals. Samples of milk should be taken to the laboratory for analysis. All these checks are necessary to insure continuously safe milk.

9. Are there one or more sanitary inspectors in the health department?

If attention is to be given to the innumerable calls for inspection relating to fly and mosquito breeding, rodents, buildings, quarantine enforcement and other miscellaneous matters this service must be provided.

10. Is there a communicable disease code?

There must be rules and regulations adopted by the board of health governing the actions of householders and others when cases of communicable disease arise. These should be reasonable, comprehensive and specific and there should be means for transmitting this information to the householder.

11. Is communicable disease reasonably well reported?

This may be judged from the records of reported cases and deaths. Obtain from the health department the number of reported cases and deaths of each of the following diseases for the last five years. If three out of four equal the standard given, credit should be taken.

Diphtheria—	15 cases for each death
Scarlet Fever—	50 " " " "
Tuberculosis—	5 " " " "
Typhoid Fever—	7 " " " "

These standards do not necessarily imply complete reporting but they will serve as a useful guide.

12. Is there a venereal disease clinic?

In order to protect the family there should be a clinic where people may go for examination and where treatment may be obtained for a nominal fee. The clinic serves as an educational force in teaching infected persons how to safeguard other members of the family.

13. Is the population well protected against smallpox by vaccination?

As a test of this arrange with the superintendent of schools to secure from say all fifth grade children written answers to the question as to whether or not they have ever been vaccinated. This will give you a dependable cross section of a portion of the population. Credit should be allowed if 90 per cent or more of these children have been vaccinated.

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14. Are there hospital provisions within your county for the segregation and care of cases of communicable disease?

There is less likelihood of spreading certain communicable diseases to others when cases are promptly hospitalized. This plan also permits the other members of the household to have their freedom sooner than otherwise would be possible.

15. Is there a tuberculosis clinic?

The curbing of tuberculosis demands that there be provision for early detection of cases. The clinic serves this purpose and also teaches the patient and others of the family how to live to the mutual advantage of all concerned.

16. Are births well reported?

If the health department is to engage in useful infant welfare work it must have available accurate records of births. Complete registration is one of the prime essentials in a child health program. This may be tested in several ways. It is unnecessary in this test to check every birth. A fair index can be obtained by making inquiry of all households in the city where the family name begins with E or M or S. This will safeguard the inquiry from being confined to a special section of the city. Send out about 300 return post cards stating clearly the purpose of the inquiry and ask people to indicate on the return card whether a birth has occurred in the family during the preceding 12 months, and if so to write the name of the baby and parents, the address of birthplace, whether hospital or home, the city and date. With this information visit the office of the registrar of births to find out how many of these records are on file. Credit is given if 90 per cent or more of the births have been reported.

17. Is there a pre-natal clinic?

Many babies are either sickly or die because of lack of intelligent care or because of pre-natal influences. The care of the baby should begin long before its birth. The city which is concerned in advancing the health of all its people will provide a pre-natal clinic where a pregnant mother may go for examination and for early advice in self-care and care of the baby. This is an educational force of vital importance and is a direct means of attack against death and illness among mothers and babies.

18. Is there an infant welfare clinic?

The care of the baby may be taught to mothers through the medium of an infant welfare clinic. Here babies are examined and weighed and instruction is given the mother in such matters as diet, clothing and bathing. The precepts unfolded here are passed on to other mothers and mischievous superstitions and harmful practices in baby care are combatted, to the eventual profit of the general health of the city.

19. Is there a pre-school clinic?

The toddler or pre-school child is not to be neglected. The city will find its efforts well repaid by teaching mothers facts about the care and training of young children at the age when habits once acquired are destined to persist for long years. The pre-school clinic is a good place to conduct the Schick test to determine immunity to diphtheria, and to give toxin-antitoxin to those children who do not possess a natural immunity. It should be remembered that diphtheria claims its greatest number of victims at this age.

20. Do all kindergarten or first grade children receive a physical examination at school?

The examination is essential that the child may proceed with his school work unhampered by correctable physical defects. The information acquired serves to acquaint parents with the conditions found and directs them to their family physician for necessary remedial attention. It also indicates to the school authorities how they may best proceed with the education of the child. If special senses are materially impaired, the child may be taught to better advantage in special classes. The physical examination is one of the best guides to the maintenance of health.

21. Are there special classes for the child whose health is handicapped?

The near-blind and the near-deaf, the crippled, and those with weakly constitutions require special consideration if they are to acquire an education. They are often unable to compete on equal terms with the normal child and yet they, too, are entitled to an education. Credit should be allowed only if there is one [or more] such class in the school system.

22. Is there an organized course of study for the education of the school child in health?

Advancement in the health of the nation is dependent upon the extent to which the coming generation appreciates the value and meaning of health. Health is more important than an understanding of geography. The teachers should be trained to teach health and the schools should adopt a definite plan for the imparting of health knowledge to pupils and for the encouragement in them of health attitudes and practices. Ask the superintendent of schools for a printed or typewritten copy of the health education course.

23. Are the daily newspapers a medium for carrying the message of health into the home?

The daily newspaper may be one of the most fruitful teachers of health. Check over the issues for the last two months. If local health articles are found at least once a week, credit is allowed. Credit should not be taken for the syndicated health columns, which, while valuable, do not indicate local initiative in health publicity.

24. Are graphic charts of the various indices of the community's health to be found in the health dept.?

The presence of graphic charts is an indication of use of the records. Credit should be taken if there are charts showing the death rates and the infant mortality rates of the city for the last ten years.

25. Is there an advisory committee on health?

The health of a city depends largely upon the degree of active interest manifested in the subject by the public. There should be an advisory committee of health made up of influential citizens interested in health. A community owes this organized interest to its health officials. By reason of its closer intimacy with health problems this body should stand ready to back the capable health officer in his endeavors. Furthermore, this committee should stand for high ideals and progress. Its judgment should be of such weight as to be sought by the mayor and city council in decisions affecting the health activities of the city. The live committee will not stand by in silence when the shortsighted mayor seeks to place unqualified men in places of responsibility in the health department. The advisory health committee should be the unofficial guardian of the city's health.

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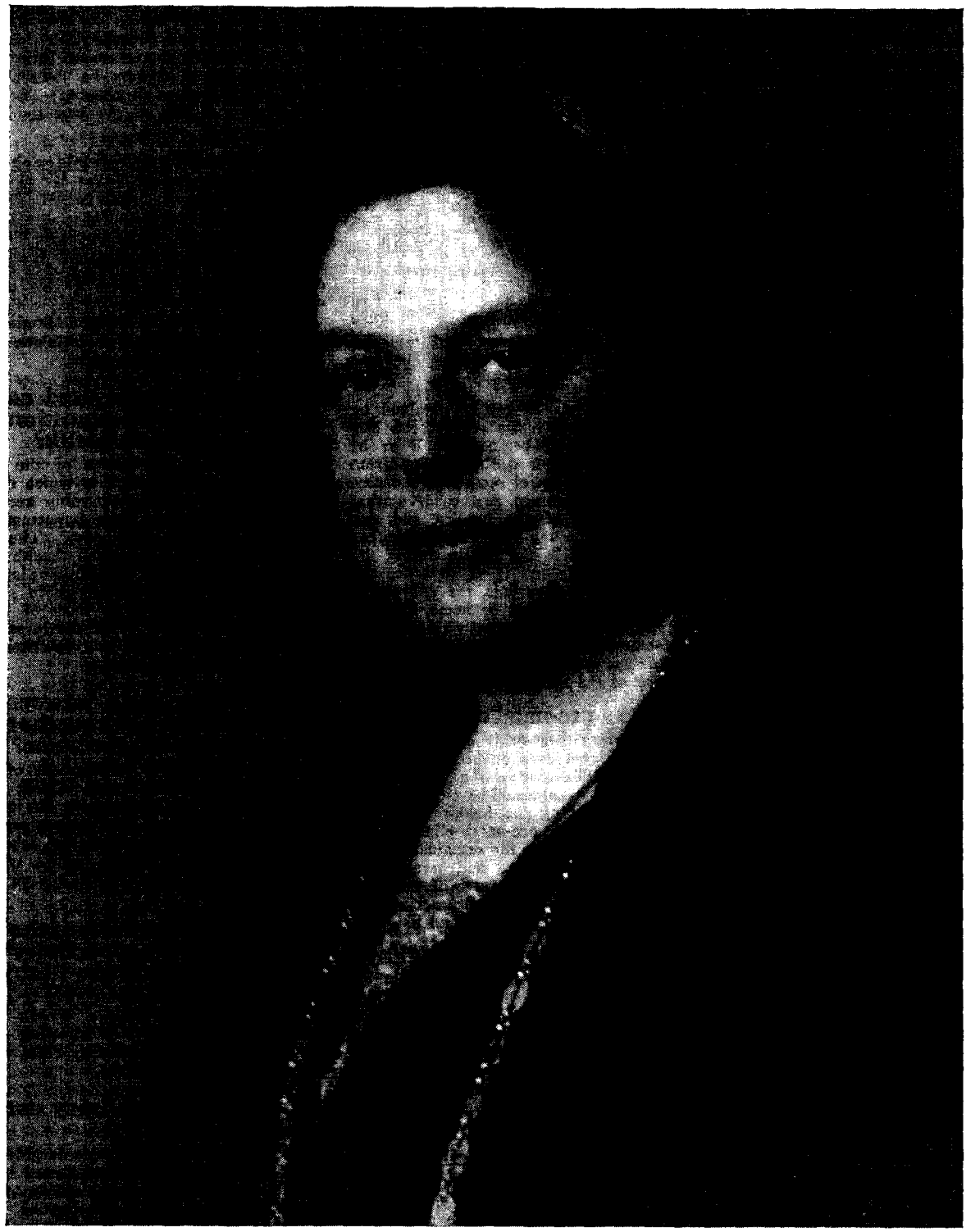

Photograph, October 1925, by Mary Herring

LILLIAN D. WALD

Head Worker of Henry Street Settlement, founder of its wide-spread service for health, and pioneer of public health nursing. From their training at Henry Street, nurses have carried to the far corners of the world the craftsmanship and spirit of home care of the sick

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The Nurse: A New Social Force

By KATHARINE TUCKER, R. N.

Scissor pictures by Martha Bensley Bruère

IN struggling to its professional feet nursing seemed at times in imminent danger of falling between many stools. On one side it has been conceived as what every woman knows by instinct from birth; on another, as the useful but modest handmaiden of another profession, always keeping respectfully in her place; on still another as a very much over-institutionalized, over-formalized professional service; and finally as only a highly developed form of personal service—a kind of super-maid-service. Such a motley array of points of view, which still may easily be encountered in a day's march, tempts those within the profession to cry out, "Lor' a'massy, is this really I?"

With the dawn of the new public health movement, still other possibilities have arisen above the horizon—and far enough to be recognized generally. However, these new developments and their special emphases are not so new as they might appear at first; they have been working below the surface since the very inception of nursing as a profession. In the notes of Florence Nightingale, there is constant reference to the nurse's opportunity as a preventive agent and effective health teacher.

The nurse was brought into the modern public health movement because there was need of someone with medical background and the ability to get in touch with folks—plain folks, ignorant folks, folks prejudiced in favor of their own traditions, which sometimes made health difficult or impossible for themselves and others. In other words, a home-to-home interpreter was needed to "get over" in plain, simple, acceptable terms the astounding facts that such a scientist as Pasteur was revealing. The printed word, the platform voice had been tried with little effect. There was need of someone to talk with the mother over her own kitchen stove about the children's food; to help the husband arrange for the care of his children while his wife went to the tuberculosis sanitarium; to translate scientific facts into workable human terms.

The nurse already had much of the necessary equipment for this new extension of her work, but by no means all. Heretofore her duty had been to care for the sick. This technique still was very much needed. The diseased person is the original source from which disease spreads. His proper care is the first step in prevention. Furthermore, help to people in their time of need is the introduction most likely to pave the way for the more subtle and difficult task of teaching them new points of view and different ways of living.

Too often, however, the facts of health and methods of teaching it were not included in the equipment of nurses. It took a weighty body of knowledge and techniques to make the nurse a health nurse as well as a sickness nurse.

The nurse has acquired this new equipment in various ways, too often at first through trial and error and application of individual intelligence as well as through daily contact with the two closely allied fields of public health and social work. Within the last decade, three definite educational processes have been developed to meet the need—post-graduate courses in public health nursing; educational programs within public health nursing agencies; and the inclusion in the curricula of many schools of nursing of theoretical and practical instruction in public health.

WHAT is the soundest form of organization so that this nurse with her new emphasis and extended scope may fit into the general scheme for city health work? A few outstanding trends may be noted. If the public health nurse is to play the part assigned to her, certain fundamental principles, so well known as to need only enumeration, must be recognized: the professional requirement for trained, graduate, registered nurses; in addition, a post-graduate course in public health nursing or work under trained supervision; a staff educational program; an organization non-political as to appointments or restrictions on service; a non-sectarian organization; a community service for all rather than a charity service for the poor; adherence to accepted standards of professional ethics; cooperation with all other social and health agencies; community participation in responsibility and support.

It would be highly desirable if all the agencies—sometimes numerous—which offer public health nursing service in any given community would get together as they have done in at least one large city and form a central council representing the public, the medical profession and the agencies, to make uniform requirements for staff appointments and perhaps develop other uniform standards of organization. Where there are many different special types of public health nurses in a community there is a crying need for some understanding and definition of function. Equally necessary, too, is greater exactness in the division of responsibility between agencies, careful consideration of which might lead to a much more constructive and comprehensive alignment. If it still seemed necessary after such a study to have the same type of work included in the programs of two separate nursing organizations, there would be great advantage in uniformity of procedure and standards.

There is need of a closer relationship between official

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Protecting the community from communicable diseases

and non-official public health nursing agencies, with decided emphasis on the ultimate responsibility of the former and the experimental opportunities of the latter. An interesting experiment arises in a combination of the two. In such an amalgamation certain contributions of each must be kept, particularly the participation of the lay public as board members of public health nursing agencies. This principle has been more readily incorporated into non-official organizations than official, and such board members often have played a leading part in the development of the public health nursing movement. In helping to shape the policies of their own organization, by coming in contact with the health conditions in their own community, through their interest in a high standard of performance and their desire for results, they in turn have been interpreters of the new public health to a wider public.

Again in the private agencies, particularly the visiting nurse association, there has developed a policy of payment on a cost basis by those patients who are able. This is wholly sound and the logical extension of the principle that health and trained service for the sick should be available for all, irrespective of their economic status. The direct participation of the lay public through committees in such a pay service is not as incompatible with public administration or public appropriation as it might seem. In certain cities there are advisory committees of representatives from the general public whose functions in relation to the public health nursing division of the department of health extend beyond representing and influencing public opinion, to the standards of the service itself. This insures an understanding, intelligent group of people working with those who have direct professional responsibility to make the service more nearly meet the health needs of the community. In other cities the department of health turns over a definite lump appropriation and a definite health job to the private public health nursing agency, while elsewhere the private agency is simply paid out of public funds on a cost basis for service rendered within the province of the city department of health.

There are still other ways of reaching these same ends—payment out of taxes for that which is the city's responsibility, payment by individuals able to pay for individual service, payment either out of taxes or voluntary contributions for those individual services for people who cannot pay; and all these with the active interest, participation and support of citizens representing the general public. Still in the experimental stage is a plan whereby the city department of health assumes all the public health nursing service, including care of the sick in their own homes, allowing for payment on a cost and part-cost basis for those who are able, where the service is not necessarily payable out of taxes. Already the patients in many city hospitals are expected to pay the cost or towards it if they are able. The principle is exactly the same if the patients remain in their own homes.

A CLOSELY allied trend is that which puts emphasis on family health work, and therefore on a generalized rather than a specialized program of public health nursing. This adjustment is not so simple. A general family health program with its three-fold purpose of getting the sick well, preventing sickness, and promoting health, implies within the worker a very sound general basis with much specialized knowledge, with the ever present danger of her becoming a jack-of-all-trades and master of none. There is no easy solution. It calls for a more inclusive education for nurses, especially in obstetrics, pediatrics and all communicable diseases. In addition the ideal would be to have a post-graduate course for all who are going into public health nursing.

This is a practical impossibility, but it is not impossible to require that all supervisors responsible for the work of others have a post-graduate course so that a public health nursing agency with a staff of nurses may have worked out a progressive and continuing program for staff education with supervisors who are primarily teachers and secondarily executives. There should be only enough nurses assigned to each supervisor to make possible individual teaching in the field and office, as well as group teaching. And if such a family health program is really to give due weight to protecting the health of the mother, infant, pre-school and school child; to protecting the family, the neighbors and the community from communicable diseases; to teaching the possibilities of health through proper nutrition; to giving attention to mental health as well as physical health, a group of supervisors who are specialists will also be needed. Some public health nursing agencies are considering also a family case-work supervisor to insure sounder case-work methods and a better balance between the demands and needs of the social and the health situation. That is a formidable array, but no whit more formidable than what is expected of each public health nurse today if her agency sees its opportunity and is trying to meet it through family health work.

So we see the nurse emerging, very much a part of the social and health program for any city. Those in the public health nursing movement are alternately stimulated by the task and aghast at its magnitude, realizing fully the dangers of such rapid development, yet tremendously inspired by the opportunities. Every public health nurse needs the attitude of mind of a student—there is so much to learn, so much progress to be made, so much that is in process of change. Possibly the essential soundness in the progress of the public health nurse is that she is part of a goodly and helpful company of social workers, doctors and laymen, all working together with an increasing sense of the unity of their purpose—a socially, mentally and physically healthy community.

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The Schoolroom—A Health Force

By C. E. TURNER

THE city does much for the health of the individual. It leaves much for him to do for himself. Habits and conditions of food, clothing, and work, daily rest and degree of nervous stimulation have all changed with the increasing complexities of modern life. Social evolution has changed the environment of man, but it has not changed his body. The decrease of the death rate and the increase of the happiness rate during the next few decades will come chiefly through more intelligent individual health control. The physical examinations of soldiers and school children as well as studies of the causes of nervous, organic and degenerative diseases as they contiually appear in medical and hospital practice show innumerable examples of wrong living as the cause of loss of health. Yet consciously or unconsciously people are still acting upon the assumption that health and disease are matters of Providence over which we have no control.

Sponsored by the organizations which cooperate in the preparation of this issue of Survey Graphic and by other agencies, a new movement for the health education of our people is making its way into the educational system. The object of this movement is to develop and organize such a systematic training program through the entire school life of the child as will assist him in developing the habits, attitudes and knowledge which will be most productive of the best attainable mental and physical health.

School health administration is not a new procedure. It has long been an important phase of official health activities. As formulated by the Committee on School Health Program, it includes: the protection of health by sanitation of the school plant, physical and psychological examinations, and control of communicable disease; the correction of defects by special classes, clinics, and follow-up; the promotion of health by the hygienic arrangement of the daily program, physical activities and health instruction, motivation and training.

The outstanding development of the last decade has been the growth of the program for the promotion of *positive health* which aims to provide the most hygienic conditions for *all* school children and to assist *every* child to develop the best possible program of healthful living. All over the country the old program of hygiene teaching—merely informational, negative, and usually impractical—is being supplanted by a modern program of health training.

All of the school health specialists—doctor, nurse, physical educator, nutrition worker and home economics teacher—contribute in the development of the new program. Each has furnished leadership. But the new and important development is the addition of the great army of classroom teachers to the health workers of the country. No one else except the parent can contribute so much to the habit formation of the child. Through her intimate contact with the child, her knowledge of the psychology of habit formation, her leadership and her example, she creates a new attitude toward health. Cleanliness becomes a manly procedure expected of all members of the class. It is as important to go to bed on time as to go to school on time. More children take time to eat a good breakfast. The child is stimulated to play more out of doors, eat less candy between meals, drink less tea and coffee and take more pride in his personal appearance. The schoolroom has more fresh air and is kept cooler. There is a conscious effort to maintain cheerfulness, courtesy and wholesome thinking.

No one doubts that healthful living improves health; witness college athletics, the military training camp, the tuberculosis preventorium and our individual experiences. Studies by Holt, Collis and others show that habits affect growth as well. Clearly these fundamental habits and attitudes toward health should be formed in childhood—the period of habit formation. What can the schools do to help the home in this important task?

Not only does the child spend many of his waking hours in school but the school possesses a powerful advantage which the home lacks. This is the force of group judgment. Call it "style" or "the force of public opinion" if you prefer. At home the child has been in the society of grown-ups whose thoughts and interests are different from his. At school for the first time he finds a social group of his own, one made up of boys and girls who think and feel as he does. Like all human beings he is sensitive to the approval and disapproval of his friends and associates. Their judgment is a more vital factor in his life than the suggestion of parent, nurse or physician. Moreover, the school is the only piece of machinery which will reach the whole population during the period of habit formation.

THE health education program has the delightful elements of play. It is a program of *do's* and not of *don'ts*. It is a program developed *by* the children and not *at* them. It includes projects and activities fitted to the age and interests of the child. The acquisition of habits is first. Knowledge is supplied to form the basis of action. Habit formation demands repetition of emphasis but the health program of a child can be so adapted to his changing interests that each year's program is new, fresh and delightful. Classroom discussion, the correlation of health ideas with the other subjects of the curriculum, morning health inspection, health records, competition, posters, scrapbooks, health plays and songs all have their appropriate uses. Health as an abstract term carries little interest but health as represented by growth and attractiveness is something to be desired. The child's interest in his *growth* is perhaps the most useful basis of teaching.

From the teacher's viewpoint health education has proved to be an opportunity rather than a burdensome responsibility. It came at a time when the educational forces were turning their attention from the teaching of subject matter to the teaching of children. The modern teacher visualizes her task as not merely the implantation (*Continued on page* 179)

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Fighting Health Officers I Have Met

By W. A. EVANS, M. D.

SOMEHOW the United States got through the Revolution, the War of 1812 and the Mexican War without learning many public health lessons. The men who wrote the Federal Constitution knew nothing about public health or its need. In consequence, that Constitution is almost silent on the subject and so are most of the state constitutions founded upon it. But out of the Civil War there came several army surgeons who had gained a new point of view. Some of these became health officers and, finding the returned soldiers ripe for a change in the care of community health, these men led—or forced—the beginning of American public health work.

Among these was Dr. John H. Rauch, who became health officer of Chicago under first one title and then another and later inaugurated the Illinois Health Department. Among other achievements, Dr. Rauch was responsible for Lincoln Park and, through that, for the beginning of the Chicago park and playground system.

This was not accomplished by a frontal attack. The site of Lincoln Park was a large cemetery. It lay on the lake front within two miles of the center of the city. In 1866, Dr. Rauch read a paper in Chicago on Intra-mural Interments and Their Influence on Health and Epidemics. He was creating public sentiment to force the closure of the city cemetery. At the same time, he was working hard for the unrivaled park system which now has arisen from his initiative. The theory that burials within a city spread disease had been held by Dr. Rauch for several years before he began the Chicago crusade. In 1850, when Dr. Rauch lived in Burlington, Iowa, he called attention to the prevalence of cholera among people who lived near a cemetery following the burial of several people who had died of cholera. This agitation resulted in the vacation of the cemetery, which was turned over to Burlington University for educational purposes. Dr. Rauch was forceful, if occasionally a misguided administrator. If he overemphasized the danger of cemeteries within cities, out of his error good came, for he caused the beginning of a great park system. Incidentally, in the great cholera epidemic of 1866, Dr. Rauch taught the public to boil the water.

After serving for five years as a member of the Chicago Board of Health, and its executive officer, Dr. Rauch retired by resignation in 1873. So far as the records show this resignation was voluntary.

In 1877 he became a member of the first Illinois Board of Health. At first he served as president, later as secretary and administrative officer. By 1888 Dr. Rauch had accumulated enough enmities to oust any ordinary official. But he was both an extraordinary official and a civil war veteran. Ousting him was no easy job. A powerful business magnate, able to do about as he wanted with the legislature, was in the opposition. A bill to abolish the state Board of Health was introduced into the legislature. Dr. Rauch resigned but the Board refused to accept his resignation, and the bill died.

When his term expired, Dr. Rauch was not reappointed a member of the Board. Under a ruling that the secretary and executive officer need not be, or should not be, a member of the Board, Dr. Rauch, after retiring from the Board, was elected its secretary. Another bill abolishing the Board of Health was introduced into the next legislature. The committee reported back that this bill should not pass. But the same legislature passed an appropriation for the state Board of Health with the proviso that the secretary "shall be chosen from and be a member of said Board of Health." Since Dr. Rauch was not a member of the Board, and the governor would not appoint him to membership, he was forced to resign. Thus ended the public health work of Dr. J. H. Rauch—a denouement more or less typical of the political buffets suffered by energetic and independent health officers.

E. M. Snow, M. D., Providence

Another of the men who found their urge for public health work in the experiences of the Civil War was Dr. F. W. Reilly, for many years assistant commissioner of health of Chicago. In 1872, Dr. Reilly conceived the idea of publishing a monthly

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J. N. McCormack, M.D., Kentucky

magazine devoted to public health, and convinced the larger insurance companies that such a journal circulated among their policy holders would be a means of protecting the lives of the insured and decreasing the risk of the insurance companies. The name of this magazine was Hygiene.

Dr. Reilly served as a physician and sanitary officer during epidemics of cholera and yellow fever. He was essentially a publicist. The bulletin of the Chicago department began to be a propaganda document for many years before health department bulletins acquired this quality. Dr. Reilly was largely responsible for this bulletin for more than twenty years.

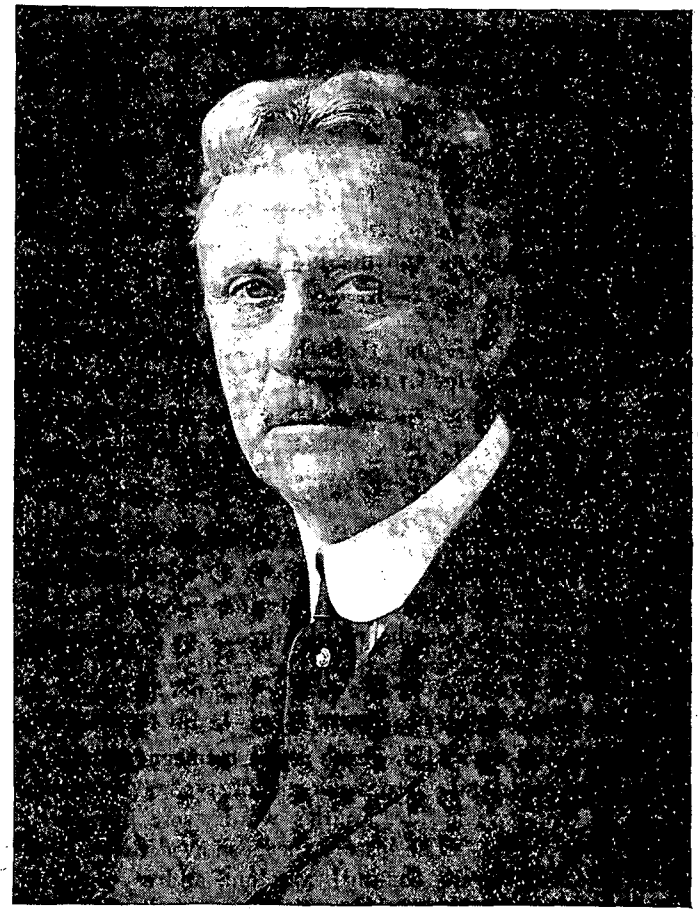
In 1885 he wrote on flies and disease saying: "There is a strong probability that flies are carriers of disease." In the same year he wrote: "Some very learned doctors tell us that the mosquito is a disseminator of disease; that he eats the germs of disease in the marshes and carries them withersoever he flies. Then, too, he takes diseased blood from one person and plants it in another."

One of Dr. Reilly's successors, Dr. A. R. Reynolds, commenced being health commissioner of Chicago in 1893 and did not get over the habit until 1905. He laid the foundation of the department as it is. While many men contributed to the solution of Chicago's difficult drainage problem, no one had more to do with it than he. Dr. Reynolds conceived the notion of a health department bulletin designed to educate and interest the people in health. He selected Dr. Reilly to edit this bulletin. He and Reilly made a great team, each supplementing the other.

I did not have many contacts with Dr. S. H. Durgan, for thirty years health officer of Boston, but I well remember the first time I ever saw him in his office. It was on a Saturday afternoon in June, 1907. I sat in the room during a meeting of the Board of Health, called to receive a communication from the mayor. The Board consisted of three members—two who were not professional public health workers, and Dr. Durgan. The mayor recommended the appointment of two unneeded gentlemen as sanitary inspectors or something of the kind. The question was put. The two lay people voted for the appointments. Dr. Durgan, the administrative head, voted against them. Dr. Durgan said these appointees were not expected to do any work; they would render no service; they would draw more pay than hard-working, efficient men. The meeting adjourned. That was my first contact with the board of health plan for administering a health department. My friend, Dr. S. H. Durgan, caught yellow fever while sleeping in a carbolic acid warehouse and he always thereafter proclaimed: "I haven't had a darn bit of faith in carbolic acid since." I have had no faith in the board of health plan of administering a health department since.

I never lost my faith in Dr. S. H. Durgan.

One of the great outstanding health officers of twenty-five years ago was Dr. Justus O'Hage, of St. Paul. On one occasion, Dr. O'Hage tried to persuade St. Paul to buy an island in the Mississippi River and to establish a bath house and swimming beach on it. The great, unthinking majority thought the notion foolish. They said the old German at the City Hall was "hipped." They could see no relation between bathing and health. Besides, if a fellow wanted to go in swimming, couldn't he strip and go in? They were like the old time mayor of St. Louis who objected to electric lights, saying: "Ain't you got the moon, yet?"



Arthur R. Reynolds, M.D., Chicago

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Charles V. Chapin, M.D., Providence

Dr. O'Hage could see a relation to health, and even if they could not, he would not be balked. He bought the island, started the bathing establishments, equipped them, made rules which amounted to laws, and presented the whole thing, as a going concern, to the city of St. Paul two years later, in 1901. Dr. O'Hage's report for 1903 says: "There was but little enthusiasm shown by the public at the beginning and not until the baths were firmly established and their benefits and usefulness demonstrated, did I receive any assistance in liquidating the accrued indebtedness." In the end the school children and other interested citizens helped to meet the cost of the enterprise. This 1903 report has much to say about picnic grounds, swimming, baths and other activities which contribute to public health by promoting personal hygiene.

WHEN Stephen Smith, 95 years old, stood up to speak at a birthday party given him by Dr. J. H. Kellogg at Battle Creek, he radiated strength and force. One who saw his pointed chin and heard his direct speech could well understand a circumstance which he relates in his classic story of the early days of the public health work in New York City, The City That Was.

In the middle fifties Dr. Smith was a member of the staff at Blackwell's Island. An epidemic of typhus fever was raging in the city and Dr. Smith's wards were filled with cases of this disease. The history sheets showed that a large number of cases were coming from one address on East Twenty-second Street. At that time, about all there was of medicine was the humane and scientific care of the end product—the sick person. But Stephen Smith was not that kind of a doctor. He decided to find out what was the matter with this house on East Twenty-second Street. He had no trouble finding the house, nor in seeing how abominably unsanitary it was, but he had much trouble in finding who the owner was, and still more trouble in getting anything done about it. He could not find the health department. There was none to be found. He found the police department, but they could not discover any law covering disease-breeding houses and the people who were crowded into them. A less determined doctor would have turned back at this point, to give all his thought to caring for his patients. Not so Stephen Smith. He had an N. S. Davis mind. He had started and he proposed to see the thing through.

He consulted his friend, William Cullen Bryant, editor of the Evening Post. They decided that since there was no law and no health department, the case called for a little high grade blackmail. It was arranged to have the very pious, highly vulnerable owner of the house on East Twenty-second Street arrested on some charge. A reporter, with all the paraphernalia of his calling, was to be very much in evidence in the Jefferson Market Court. Mr. Bryant informed the owner that the price he would have to pay to have the story killed was to put his property in first-class condition, to maintain it so, and to stop all the practices which had made the house he owned a breeding place for typhus.

The end justified the means. This high-handed act was far-reaching in its consequences. The house on East Twenty-second Street became a model tenement and never again did it feed typhus into the community. The owner was converted to the theory that it pays to offer clean, sanitary homes for rent. He filled what had been an old shack, profitless as well as an eyesore, with first class tenants who paid him high rents and finally, and far more important than all, out of this experience grew the agitation which never stopped until New York had a health board, on which Stephen Smith served from 1868 to 1875. Unfortunately for most health officers, they have no William Cullen Bryants to arouse the people and so to convert direct action into a due process of law, or something which gets there just the same.

We sometimes think of health slogans as the invention of health officers in recent years. I am not certain but that I thought I was the inventor about 1907. I find the following health slogans in Stephen Smith's report to the legislative committee of the Citizens Association, made in 1865: "Transactions in human life"; "Tenant house packing"; "Cesspool abominations"; "Cellar population"; "Dens of death"; "Cave dwellers"; "Tenant house rot"; "Tenant house cachexy"; "Fever nests"; "Fever breeding, stagnant water"; polluted drinking water he called "liquid poison."

The Metropolitan Health Board adopted in New York as the result of this agitation served as a model for other cities. The Chronological Annals of Health and Sanitation in Chicago prepared by Dr. G. Koehler, Assistant Health Commissioner of Chicago, record a strong movement at that time in Chicago for a health board similar to the Metropolitan Health Board.

The men connected with every health department in those early days had a collection of stories of brave, courageous men like Stephen Smith who, confronted by an

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urgent need, sometimes were enough beyond the law to devise extra-legal means of protecting their fellow men. I once heard a good example of this kind from Saginaw, Michigan.

An epidemic of malignant smallpox had been brought into that city from Bay City. It raged principally in the red light district, and among people who did not care much for their neighbors or their city. Saginaw had no vaccination ordinance. There were many deaths and the disease was not coming under control. The people in the surrounding country were afraid to go to Saginaw on business. The Board of Trade held a meeting to discuss the loss of trade due to smallpox. They decided the people of Saginaw must be vaccinated.

The mayor told them he had no law and no money for vaccination. He was told the Board of Trade was willing to issue an order which could be regarded as a law and also to pay for the expense of its enforcement. The mayor agreed. A strong, religious cult consulted their attorney. "Can a board of trade legally pass an ordinance requiring vaccination?" they asked. "They cannot," was the reply. "Then prepare a petition for an injunction stopping this thing," they told him. "No," he replied. "Public sentiment is aroused. Take my advice and do nothing." His opinion ran straight to the heart of all such questions. In the last analysis, legislatures and councils only exercise delegated authority. The people have the right of direct action, when that kind of action is necessary for public protection.

NO set of recollections of municipal health officers would be complete without mention of those of Providence, R. I. Providence may have had more than two health officers, but if so, I do not know of them. But two have figured large in our health history.

Dr. E. M. Snow was of the small group, about five in number, who formed the American Public Health Association. They were men of far-seeing vision and of great learning as well, but they must have been mighty poor parliamentarians. No Boss Reed among that lot. The first constitution of the society called for a rather large number as a quorum—nine, I think. After a few years they found it difficult to get so many to attend a meeting, whereupon they deliberately killed the baby and "borned" another one. The constitution or by-laws of the new society set five as a quorum.

Dr. Snow's successor, so far as the annals of fame of the Providence Health Department show, is the present courteous, careful, learned health officer—Dr. Charles V. Chapin. How long he has served, I do not know. I have heard forty years—it is certainly more than thirty years. He is easily the Nestor among American municipal health officers. It was said that Dr. J. N. McCormack served as a health officer for fifty years. But he was a state health officer, and the fatality rate among state health officers is lower than it is among those who serve municipalities. I know of no municipal health officer who, in length of service, approaches Dr. Chapin except Dr. G. W. Goler, of Rochester, New York, and Dr. Goler is Dr. Chapin's junior by several years.

Dr. J. J. Kinyoun deserves a place on this list. Dr. Kinyoun was bacteriologist to the Washington, D. C., health department, and he may have served as a municipal

L. M. Powers, M.D., Los Angeles

health officer in North Carolina at one time. At the time of this story, acting as an official of the United States Public Health Service, he made a diagnosis of plague for the San Francisco health department, and thereby started trouble for himself and everyone else.

In 1900 a Chinaman died in San Francisco from plague. The case was diagnosed largely through the skill of Dr. Kinyoun. Measures for control were inaugurated by the local and state health departments. Everything was proceeding smoothly when the long arm of influence began to reach out. Before the health department's activities had been suppressed, this long arm had reached into the city and state health departments and on to Washington itself. Policies were overrruled and plague was allowed to gain a foothold. When the "policy of political and business interests" had accomplished its purpose there was no plague, that is, officially there was none. But that did not alter the facts.

Kinyoun was right, he knew he was right and he had the courage of his convictions. He was forced out of the service. For one reason and another, he never got in again. Years later, he was proven to have been right by scientific commissions and in every other way. Had he been supported in 1900, San Francisco, California and the nation would have been saved many million dollars and plague would never have gotten a foothold among the ground squirrels in the West. As an act of atonement, California should build a monument to Joe Kinyoun—a man of courage. Nor

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should we forget the courage of Dr. J. H. Kellogg, who stood with Kinyoun in this time of trial.

When speaking of California health officers I like to think of the best of the lot—Dr. L. M. Powers of Los Angeles. Dr. Powers was a "tar heel." He looked like a farmer. He was a very able and learned man and a fine executive. He served his city for more than thirty years.

Dr. Powers taught me never to shoot a ground squirrel in the face. If you did, he always fell back into his hole. Reaching into the hole exposed one to fleas and plague—not to mention rattlesnakes. This is the gentle art of killing a ground squirrel, according to health officers' requirements. As you approach the colony, the ground squirrels sit on their hind parts, watching you. They are planted on your side of the hole at its edge. If you shoot one then and there, he falls back into the hole. Therefore, restrain yourself. Yell or clap your hands together. At once every ground squirrel dives into his hole. Now quietly circle the colony and quietly take a stand on the other side. Presently, the squirrels will come out. They will emerge on the other side where you were when you made the noise and they will face in the old direction, looking for you. Shoot them in the back and they will fall in the clear. But why should a health officer kill ground squirrels? Because they spread plague.

Dr. Powers' alertness in finding human plague and in combatting plague in rodents is one of the reasons for the relative freedom of southern California from this infection. Almost simultaneously with the death of Dr. Powers, Los Angeles had its first experience with a serious manifestation of plague.

IF a health officer makes a mistake, he should not lose heart. He may even make mistakes of major importance and still win out.

When the United States took over the health work in Cuba they did some quiet boasting as to how they would put an end to yellow fever on that island. In fact, the country had been promised that the Cuban yellow fever menace, always at our door, would be removed. General Gorgas, then Major Gorgas, was designated to have charge of the work. As chief sanitary officer of Havana, he went to work to make it a spotless town. But the cleaner Havana got, the worse the yellow fever. Many Cuban physicians were chuckling with delight. These superior Yankees were showing us Cubans how to control yellow fever. It was to laugh—or words to that effect. After a while, Gorgas saw he was on the wrong track. Something had to be done. He knew of Finlay and the mosquito theory. He had no false pride. Dr. Walter Reed and he gave the mosquito theory a trial. It worked. Without hesitation, Gorgas scrapped everything he had been doing, switched to the new line and went at it baldheaded. The result is medical history.

In Panama also Dr. Gorgas' career was far from being all roses. During his first year and a half the death rate mounted constantly. It seemed probable that the Americans were headed for the same kind of defeat that fell to the lot of the French; if so, the Canal could not be built. In Havana General Wood, himself a physician, had stood behind all Gorgas' policies, but in Panama there was no General Wood. It seemed certain that Gorgas was headed for inglorious defeat; the plans were all drawn to remove him and stop his policies. When the case was laid before Roosevelt, however, as Mrs. Gorgas tells in her book on her husband, the President sent for Dr. Alexander Lambert, who stated the case so clearly and forcibly that Roosevelt exclaimed, "By George, I will back up Gorgas and we will see it through." He did, and the Canal was saved.

IN that same biography Mrs. Gorgas comments on the part yellow fever played in directing her husband's destiny. The physician who presided when the future health officer was born was Dr. J. C. Nott, an ardent advocate of the theory that mosquitoes spread yellow fever and malaria. When Miss Doughty, later Mrs. Gorgas, was supposedly dying from yellow fever, Dr. Gorgas picked out a choice grave for her. He changed his mind, decided to save her and to marry her instead. Miss Doughty decided to change her mind, to get well and to marry the handsome army officer. She says: "It would be untrue to say that Yellow Jack was the best man at our wedding, but it would be perfectly true to say that in a sense he was an usher. It was yellow fever in Cuba and Panama that gave him n opportunity to gain world fame. His last act of national importance was laying plans for the eradication of yellow fever from Ecuador. He was on his way to Africa to fight yellow fever there when he was taken sick and died in London."

Dr. Gorgas was no quarter horse. He was a four miler. He started slowly, got up speed slowly, and then finished strong. Had we plunged into the World War in 1914, with Dr. Gorgas at the age he was when he went to Havana, it is a safe bet that 1918 would have found him with a war record for the health of troops at which the world would have marveled. He was a living example not only of the fact a mistake is not fatal to a good man, but also that in the long run you can't keep a good man down.

I once attended a health court day in Panama City. The judge was the municipal health officer, Dr. Henry Goldthwaite. Dr. Goldthwaite made the health ordinances of the city, (legislative action); administered them, (administrative action); sat as a health court passing judicially upon them, (judicial action). The good health of the people of Panama is the best proof of the advisability of this three-in-one policy for a health officer. Upon inquiry, I find that the plan was used by Dr. Gorgas in Havana probably, and in Panama possibly, and that since then it has been used by the municipal health officers of both Colon and Panama. When one contemplates the very great difficulty of the American municipal health officer in having offenders promptly tried for their offenses, he longs for the three-in-one method.

These recollections have rambled as recollections always do when they are untrammelled and organized. In the main they relate to men who were active in the last quarter of the last century. When health officers of the present are referred to almost all the incidents recalled happened prior to 1910 and some of them prior to 1900.

From 1875 to 1910 was a period of profound change in public health methods. The men who guided municipal departments of health in those years were pioneers. They had but few precedents and almost no science to guide them. There was little public health intelligence and no public health conscience. It was their privilege to create. The municipal health officer of the present day is a wiser, better official. He stands on foundations which they laid.

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The Cancer of Ignorance

The Spread of Anti-science in an American Commonwealth

By CHESTER H. ROWELL

ANTI-SCIENCE is something more than mere unscientific thinking, or lack of scientific information. It is an active emotional hostility to science; to its conclusions, and especially to its process of reaching them. It is a repudiation of the authority of science, of the integrity of scientists, and of the validity of the scientific method, and an active, practical effort, moved by intense feeling, to combat and suppress them.

Scientists, in defending their cause, commonly overlook this. They assume that if they prove a thing is true, it will therefore be accepted as true. This does not begin far enough back. They must first persuade people to accept proof itself as a criterion of truth. People who have never in their lives known anything in conclusive evidence, and whose most cherished beliefs are based on no evidence whatever, are not going to surrender fixed convictions on mere demonstration that they are mistaken, or accept anything unfamiliar on mere proof that it is true. In fact, they have not been even trained to ask whether anything is true or false. To them the only question is whether it is virtuous or wicked, or whether it conforms or does not conform to certain accepted taboos.

Mere unscientific thinking is a fairly universal human process. None of us can keep up with all the discoveries of science; few of us think always scientifically even within the range of our information. Probably the vast majority of the population has not yet emerged into the scientific age at all. The world lived too long under the anthropomorphic, the symbolic and the magical conceptions of the universe to pass all at once to the scientific one. Most of us still think with our imaginations, accepting whatever is easiest to picture, or with our memories, taking for granted whatever is familiar. The mystery of sleep we do not question, but the more easily explicable part-sleep of hypnosis we explain as magic, performed by the hypnotist. We let our quacks persuade us by superficial analogies, and applaud when our demagogues attribute impersonal economic ills to the personal witches of "Wall Street" and "the Interests." It is more popular to impugn the motives than to examine the facts or refute the arguments of the critic of our prejudices. After the analogy of religion we conceive of medicine as divided into sects; after the analogy of politics we suppose science to be divided into parties. In loyalty to the equalitarianism which we mistake for democracy, we mistrust the expert. Even the readiness with which we accept the only scientific thing to which all our minds are open—the daily miracles of the mechanical applications of physical science—is scarcely an exception. We accept these wonders, not because they are reasonable, but precisely because they are magical. *Credo quia impossibile*. There have always been miracles; these are merely a new sort. And if we are less receptive to the biological sciences, it is perhaps because they perform few miracles themselves and tend to cast doubt on some traditional ones. Indeed, even in the biological sciences it is the miracle-worker who is most readily accepted. Witness the gland rejuvenators, the Abrams electronic apparatus and the quack cure-alls. It is easier to sell an impossible than a possible thing, in medicine, and the chief objection to evolution is that it offers a rational explanation of a process which we prefer to regard as irrational.

Anti-science consists of all this non-science, plus a defense reaction which gives it emotional content and inspires it to a practical crusade. We defend our prejudices by making them faith; our ignorance by associating it with moral rectitude; our provincialism by calling it patriotism, and our intolerance by dubbing it reform. Behind this moral barricade we are safe against any merely intellectual weapons of scientific evidence. We avoid the trouble of proving our critics wrong by proceeding against them as wicked. It is only one step more to enjoining them as illegal, or, finally, prosecuting them as criminal. Then we get militant anti-science.

IT may seem paradoxical that California, statistically the highest-educated state in the Union, should have had in recent years so many outbreaks of anti-scientific medievalism. Evidently it takes more than one generation of overflowing high schools and universities to complete the modernization of a people. At any rate, some of California's experiences, which happen to be the ones with which the writer is most familiar, may be illustrative of states of mind and of politics not unknown elsewhere.

California has not been the chief center of the two most advertised of anti-scientific crusades—anti-history and anti-evolution—but it has not escaped them.

California many years ago adopted the system of free text books for the common schools, printed at the state printing office. Later, it extended the system to the high schools. Thus the state is responsible, not by indorsement merely, but by actual physical production and gift to the student, for every text-book used in the schools. Plates of established books may be obtained from the publishers, but the actual press work and binding are done by the state. Naturally, the superpatriots of the American Legion, the Daughters of the Revolution, and the politically reactionary Better America Federation, have sought to exclude all text books of American history based on modern research. Only the edifying hero-tales of our tradition must be permitted to impinge on the tender minds of high school youth.

Two years ago protests to this end were presented to the state Board of Education, which finally referred them to a committee to be selected by the state Commissioner of Secondary Education, A. C. Olney. Mr. Olney appointed the professors of American history in the two universities, together with leading high school teachers and others, who

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examined the offending books and found nothing to condemn in them. The board accepted the report, but similar protests were renewed this year, without, however, succeeding in putting any books on the Index.

For the past year protests against permitting evolution to be taught or to be printed in text books have been before the state board, with at least one member for a time positively favorable to their suppression, and some others doubtful. Tactful handling of the situation by the professional staff of the board finally secured a compromise resolution that evolution might be taught "as a theory, but not as a fact," and the endorsement of the disputed text books.

The fundamentalists now threaten to carry the issue to the legislature, and, failing there, to the people by initiative or referendum. If that is done there will be a real crusade, with fears already in the minds of some educators that the large fundamentalist vote of Southern California might make some risk of the passage of the laws. Northern and central California, being traditionally heathen, are not feared. Doubtless there is no serious danger in southern California, either. Its people reflect the mentality of rural Iowa and Illinois, rather than of the hills of East Tennessee and West Virginia, which is probably liberal enough.

THE majority of anti-scientific movements everywhere are anti-medical. The traditional confusion of medicine with religion and of religion with sectarianism make the claims of scientific medicine appear to many people like the claims of an established church to suppress dissenters and heretics. Hence the cults, and the pro-cult and anti-medical agitations.

The most continuous of these in California has been the anti-vivisection crusade. An anti-vivisection law was slipped almost unnoticed through the legislature of 1913, but was pocket-vetoed by Governor Hiram W. Johnson when it came to his attention after adjournment. Since then there have been at least two attempts, in 1920 and 1922, to pass anti-vivisection bills by popular initiative. As often happens with initiative measures, these bills, submitted by petition to the direct vote of the people, were more extreme than any that would be proposed for debate and criticism in a legislature. One of them defined vivisection as any experimentation, surgical or physiological, on man or any living creature lower than man, and forbade it absolutely, with or without anesthetic, and whether painful or not, if the purpose was scientific investigation. On the other hand, the farm operations of dehorning, gelding, spaying, caponizing, branding, etc. were expressly permitted, with pain and without anesthetic. The expressed purpose was to prohibit scientific experimentation even without pain, and to interfere with no torture unless it was for scientific purposes. The usual lurid tales of alleged brutalities in medical laboratories were distributed, but the central argument was that these experiments are of no value, anyway, and have never contributed to the knowledge or cure of disease. To do this it was necessary to deny most of the findings of modern medical science and the efficacy of most of its treatments, including vaccination and antitoxin, and to accuse the medical profession of being actuated wholly by selfish mercenary considerations. It was an hysterical crusade, primarily against medical and physiological science, and only incidentally against the alleged torture of the laboratories. Both initiatives were defeated, but received very substantial votes. If they had passed, they would have literally forbidden even feeding and breeding experiments, and would have made impossible in California the production, testing or use of vaccines and serums, for man or beast, and the Wasserman, Vidal and other diagnostic tests.

At the same legislature of 1913 which passed the anti-vivisection bill an impure milk bill was lobbied through by a political creamery organiaztion formed for the purpose, which was also vetoed by Governor Johnson. The next year the women's clubs, with equal ease, lobbied through a pure milk bill, which is still the law. It was apparently as easy, even in these politically reformed legislatures, to pass one sort of a bill as another. The impure milk bill of 1913 was, of course, not anti-science, but pure sordid commercialism. The anti-science appeared in the arguments used in the agitation against the governor's veto. The veto had been advised by the state veterinarian, the state Veterinary Society, the state Board of Health, the state Medical Society, the agricultural department of the university, and by the writer, who was charged with being tainted with scientific knowledge. This list was paraded in triumph before the people as evidence that the governor was wrong, because he had preferred the advice of these highbrows and professional experts instead of trusting to the common people! It was obviously assumed that this appeal against the experts would strike a responsive cord.

About the same time a tuberculin test ordinance for cattle of dairies supplying milk to the city was passed by the city government of Los Angeles, but was defeated, on referendum petition circulated under Christian Science auspices, by direct vote of the people of Los Angeles.

California had a law requiring vaccination as a condition of entrance to the public schools. This was later amended to exempt children of parents who signed certificates of "conscientious objection." This meant, in practice, exempting all children whose parents were not ready to have them vaccinated, whether the objection was "conscientious" or not. Finally, the state law was further changed, making no routine requirement in ordinary times, but permitting the state Board of Health to take charge and enforce such regulations as it thought appropriate, in case of actual epidemic. Since then, smallpox has greatly increased in California, and last year there were several outbreaks which took strenuous measures to prevent from reaching dangerous proportions.

The one exception is the University of California. Under the constitution the regents and not the legislature are the law-making body of the university. Their terms are sixteen years and they are usually reappointed, thus serving practically for life in a position of peculiar independence. They have persisted in requiring vaccination of all students of the university, even when the state law relaxed it for the schools. There has never been a case of smallpox among the students of the university, though there have been among unvaccinated employes, and the numerical share of the student body, measured by the proportion of the general population, would be a number much too large to make this showing possible by the mere doctrine of chances.

An initiative measure was placed on the state ballot in 1922, depriving the regents of the power to make such regulations, but it was defeated by the people. There was

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also an initiative forbidding the requirement of vaccination, inoculation or other medical treatment as a condition of employment in the public schools, or the holding of any public office. As originally formulated by its sponsors, it would also have forbidden medical tests or treatment as a condition of any employment, or of the exercise of any right or privilege, thus preventing the elimination of typhoid carriers from handling food or of syphilitics as barbers, and making impossible quarantine regulations, but these latter requirements were eliminated from the final version.

Petitions have since twice been presented to the regents to relax the vaccination rule, and, on their refusal, they have been menaced with an initiative amendment to the state constitution making their office elective, or appointive for short terms.

IN 1912 the platform of the National Progressive Party contained a plank (written in part, it may as well now be said, by the editor of The Survey), advocating a program of social insurance. There were progressive movements in many states, but California was the only state in which the third party, Bull Moose Progressive party, as such, was in possession of the state government—the governor, most of the state officers, and the large majority of both houses of the legislature. The legislature of 1915 authorized a social insurance commission, (of which the writer was subsequently chairman) to investigate the question and present a proposal to the legislature of 1917. The commission recommended to the legislature of 1917 the submission of an enabling amendment to the people at the election of 1918. which would give future legislatures constitutional authority to enact a health insurance law. This at once aroused the anti-science of the doctors. The physicians are receptive enough to scientific advance in the knowledge and treatment of disease, but on the social and economic aspects of their own profession, many of them are fundamentalists of the most obstinate sort. They are as anti-scientific against social science as any cultist is against medical science. Because medical practice, in its business and distributive aspects, was individualistic in the individualistic age, they insist that it shall remain so even in this new age when everything else has become socialized. So they organized themselves politically, to fight this measure, and joined themselves with the insurance companies, and even with their pet enemies, the Christian Scientists. The combination was successful, and the measure was defeated.

The political organization, the League for the Conservation of Public Health, formed by the physicians at this time to fight a single measure, then expanded its purposes to the general defense of scientific medicine against political attacks, and has rendered such valuable and generally constructive services in this line that the writer, to fight whom it was originally formed, and Dr. Ray Lyman Wilbur, president of Stanford University and president last year of the American Medical Association, one of the many far-seeing medical leaders who advocate socialized advance in the administration of medicine, have both joined cordially with this organization whose chief bugaboos they once were, and have assisted it in its generally successful crusades in behalf of public health and against anti-medical legislation.

The most directly anti-medical legislation is of course the attempt to break down educational requirements, and the setting up of cults and sects on an equality with scientific medicine. The medical practice act of California has several times been amended in this direction. Not satisfied with the law which permitted the licensing of "drugless healers" on a showing of educational qualifications only half as great as those required of regular medical practitioners, the osteopaths and chiropractors have continuously pressed for separate boards, to enable them to license themselves. Twice defeated in this by successive legislatures, they twice resorted to initiatives before the people; and the second time, in 1922, were successful. Both sectarian boards are now functioning, but there was a long delay in establishing the chiropractic board, successive appointees being disqualified by the court on showings that they had been practising illegally, under the former laws. There are at least a score of other sects advertising in California and practising illegally—spondylotherapists, naturopaths, naprapaths and a whole jargon of others. No move has yet been made to give them separate boards, but if medicine is sectarian, they should have them.

Christian Science anti-science in California has centered its principal activities in the Public School Protective League, an organization with a very able attorney whose purpose is to interpose legal obstruction to what they regard as baleful health measures, and at times even to physiological and hygienic instruction in the public schools. They regard bacteriology as a sectarian doctrine, and have a decision of some court, on which they rely, that the physical examination of the throat of a child, during a diphtheria epidemic, unless by express consent of the parent, is assault and battery. They have also joined with the other anti-scientists in their various anti-scientific crusades, and have gone into active politics, especially in southern California, against health measures, except those which confine themselves strictly to the promotion of cleanliness. That, it seems, is a spiritual virtue, and therefore permissible. They also urged in the last legislature—but were defeated by the counter-politics of the League for the Conservation of Public Health—a measure which would have authorized Christian Science treatment, and the compulsory payment therefore by the employer, in the case of industrial accidents under the Workmen's Compensation Act. Since these cases are all surgical, and no Christian Science practitioner is licensed to operate surgically, the illogic of the measure, even conceding sectarianism, was obvious.

A measure was also submitted to the people in 1920, at the instance of the practitioners of the drugless cults, permitting the prescribing of narcotics by those not licensed to administer other drugs, but this was defeated.

It remains only to add that California is also the seat of the most preposterous of recent medical impositions—the Abrams "electronic" diagnosis machine [see The Survey, Jan. 15, 1923] which diagnosed red ink as suffering from syphilis and two drops taken from the same patient at the same time as suffering from irreconcilably different conditions. This, however, belongs in the history rather of medical hoaxes than of convinced anti-science movements.

California is an intelligent, progressive and highly-educated state, peopled generally by the enterprising, the successful and the adventurous of other states, who, in reaching out for new fields, are the ones who have gone farthest. If the things here recounted can have happened in California, they can happen—most of them have happened—anywhere. Is this the scientific age?

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Letters & Life

In which books, plays and people are discussed

Edited by LEON WHIPPLE

Prophylaxis in Print

INK is apparently the best serum there is. Spread on wood-pulp and applied externally to the eyes it heads the pharmacopeia of preventive medicine. The printed word is not a cure-all, but it has one blessed quality that doctors must be thankful for: it sometimes helps to keep the human being from making a fool of himself. It may persuade us to eat sensibly, rest quietly, get sunshine and fresh air, secure the doctors' help when we need it, and prepare our children against the ravages of disease. Of course it needs behind it all the wisdom and character we can muster and accompanying it all the technique and services that science affords. But printed and spoken words are certainly one of the bases of social medicine, and the wise man will use them for all they can so easily and so cheaply do. Someday instruction in writing and public speaking may be required courses in our schools of medicine. For to tell people what we do and do not know on the cause and cure of disease; to persuade them into right ways of living that will lessen disease; to urge upon them health examinations; and to warn them in emergencies of epidemic character, surely these are ways of making good health catching.

Physicians have rightly been fearful of the printed word. It can be very misleading, even destructive. It is easily seized by the quack and charlatan to exploit the simple or the desperate. It generally needs the complement of sound personal advice and the best of treatment. It may easily get the right message into the wrong hands. It seems to the scientist a blundering and unprecise instrument—not susceptible of laboratory standardization. But these dangers are to be found in many remedies, and are challenges to proper control, not reasons for discarding printed words. The fact is, print serves now and will serve us more in the future.

I wonder whether we realize how much of our work for health is now based on words—not the Latin formulae needed to keep the layman from tampering with himself and the medicine he takes, but plain simple English. For example, I have just fallen in with a book on Colds—sensible advice needed annually by about 99 per cent of the population of our latitude. Two books on cancer appeared a month or so ago—books of rigid scientific honesty, yet telling what we may hope for, and what we must not yet hope for in the prevention or cure of this dread disease. The National Health Council Series of little leatherette volumes could alone probably cut the death-rate in half—if everybody read and obeyed their suggestions. The revolutionary achievements of the Metropolitan Life Insurance Company in cutting its death-rate have been in an important part due to its rock-wearing distribution of health pamphlets. Dr. Emmett Holt's baby books are almost a national institution—better known and more generally obeyed than the Constitution! The list would fill a volume.

The tale of this use of words runs back into pre-history. Who knows whether medicines or incantations came first? We presume instinct made the ape-men lick their wounds and maybe eat herbs to begin with, but among the very first uses they made of words when they got them was the mumbo-jumbo of priest or medicine man to ward off, or take away disease. He was placating the angry God who caused the sickness, not curing the sickness itself. And if we substitute Subconscious for God we will find the same chants rising to the stars to-day. The mud-rolls of Mesopotamia, the papyri of Egypt, the manuscripts of Greece and Rome and the scrolls of the medieval monk—all hold their codes for health. They had some idea of telling people how to keep well—even if the prescription was to let a wax image melt in the sun.

WHEN finally print was achieved, what a flood let loose! Herbalists, and books of alchemy, the cures that depended on astrology, on interpretation of dreams, on the rigamaroles of folk-lore, generally quite mad, but sometimes with that residual truth that has become the bedrock of science. The people as they learned to read wanted to read almost first of all one message—how to get well. The other idea—how to keep well—had not yet been born, except perhaps among the heathen Chinese. So by degrees began to crystallize the popular forms of "health in print."

First and longest enduring were the almanacs. An almanac with a Bible made up a library, and as one ministered to the stricken soul so the other to the broken body. Here where the disembowelled gentleman surrounded with the signs of the zodiac stood for astrology, and the weather predictions stood for meteorology, and the jokes stood for literature, the recipes, imbrocations, stews, and concoctions stood for medicine. Here flourished the jimson-weed plaster, and the gunpowder-and-sour-cream lotion, and the spider web plug for hemorrhage, (how the tetanus God must have roared!) and the shot of alcohol for most everything. They bled and they leeched and they steamed and they stewed and they produced a hardy race. Only the hardy could stand the cures.

But then our ancestors really began to master the uses and misuses of print, and the family almanac proliferated into two forms. The single prescription that had won fame crept into the advertising columns of the newspapers; and secondly all the medical and surgical lore of all the almanacs got itself dignified and codified into a special volume. We had what we have not yet escaped from the Compendium

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of Heath, One Thousand and One Prescriptions for the Sick, The Guide to Family Health, the Home Doctor and the like. Much they contained was dangerous and evil stuff, and much more was just futile nonsense, but probably here too was a sediment of wisdom that may have helped rear families and alleviate pain. Along with them came the host of books on sex and marriage—quack advice gotten out to suck money from the millions who found that they could not keep themselves healthy in their sex life. There can be no human estimate of the amount of physical and moral damage the majority of these vile things caused. Even yet they flourish under a thousand disguises, battening like vultures on the agony of the race in its search for wisdom in love.

Medical advertising demands a history in itself. It began in this country almost with the birth of the weekly newspaper in the Colonies. The editor himself often advertised some water or pill that was a universal panacea and his office was a resort for the sick. He would advertise your slave for sale or your liniment for sale with equal fervor. With the rise of the daily and the cheap popular newspaper the evil boomed and prospered. No paper seemed to be too respectable to print the claims of the "specialist in private diseases" or the testimonials of soothing-syrups full of laudanum, head-ache powders full of dangerous heart depressants, tonics made of bad alcohol and strychnine, or catarrh powders concocted of cocaine. The manufacturers became millionaires and newspaper publishers fattened off this diabolical pandering to the health hunger of the race. It is not too much to say that so long as this quack doctoring through print kept up, we could never have a real science of public health.

But it did not keep up—at least in the old luxuriant form. The crusade of the physicians themselves, backed by the so-called muck-rakers, drove the newspapers to reform from within or to be reformed by state and federal acts from without. It is not without its lesson that the evils of print were reformed largely by the good offices of print—the development of an anti-body in the social structure itself. We still have patent medicine and quack advertising but the new attitude is found in the best grade of proprietary advertising which no longer claims to cure or to supplant the doctor or dentist, but urges the reader to consult experts, and recommends its own product only for purposes that may be approved by sound advice and good sense.

The lesson of the Health Compendium and the fake health advertisement took a long while to sink into the medical consciousness. The doctor was too prone to damn the whole thing, get-rich-quick pander and silly sheep reader. He wanted to blot it out and forget while he personally ministered to the sick of his own neighborhood. But in this evil mess were two inescapable facts: first, the health hunger of the race made them turn to printed advice as one way out of sickness; second, these books and publicity messages furnished a wonderful instrument to help heal the sick, and even better, prevent sickness—if the instrument was seized by reputable agencies and made the vehicle of honest and helpful modern knowledge. It needed not be abolished, for it was too useful; it needed only to be transformed so that the new compendium should be sound, factual, ably edited, and confined to the field in which printed advice can serve.

The use of print for health to-day has not completely escaped the taints of its ancestors—the follies of the almanac and the boom promises of the alchemist are still to be found. But the modern book on a special disease, the modern pamphlet on public health, and the modern health column in the newspaper are all well intentioned, generally honestly and ably done, and if they suffer from rashness, credulity, superficiality, and sometimes unsoundness, these are but the failings we find in any social tool, and they can be found among physicians and scientists as well as among editors and publicists. Striking a balance, we feel that it can be said that there is only a small percentage of positive harm done by printed words in the health fight; that the amount of silly though well-meaning exploitation of false hopes has been reduced within human limits, and that much valuable information in the fields of personal hygiene and sensible living has been widely spread among all classes of people.

The moral is that science and medicine must use print or it will be used by the quack and the exploiter of fears to the destruction of honesty and faith in science. It must be directed to its legitimate ends and engineered by experts both in medical knowledge and publicity methods. The curse must be taken off it and the highest talents enlisted. Its achievements have already proven its usefulness, and as social diseases breed through ignorance social knowledge is the essence of their cure.

LEON WHIPPLE

A Humanist In Health

"UNIVERSAL history, the history of what man has accomplished in this world is at bottom the history of the great men who have worked here," wrote Carlyle, and, "Great men, taken up in any way, are profitable company." The life of Osler is certainly profitable company and a record of remarkable accomplishment. Dr. Cushing has let the story of Osler's life tell itself, and left to the future any nice appraisment of Osler's place in the history of medical thought and philosophy. This story is delightfully told, full of that humor and whimsicality for which his hero was famous, and yet implicit with a sympathetic veneration for a great personality. No easy task to do well, for the life is not only the record of a personality but it so happened that these years span a period of most astounding growth of knowledge of disease. It has been said that this knowledge has advanced further in the last century than in the whole Christian era preceding it. But it is not for a glimpse of this drama that the general reader will peruse two fat volumes but rather for acquaintance with a man who was famous, not only as a teacher of medicine, and as an authority in medical affairs, but also as a scholar who could not be ignored by Oxford dons in their own fields of literature and classic lore.

Anyone to whom the Osler tradition is but a phrase and a mystery will not read far without some intimation of the spirit which engendered this intangible influence. No aloof dignity is this hospital chief, surrounded though he be by satellites, but one who links his student by the arm and cracks a joke; is as sympathetic as a woman with the sorely afflicted; leaves the staff breathless by an acute observation; and romps with children heedless of time. What sort of man is this who is addressed as "Willie" by doting children

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of an hour's acquaintance, who can give a man a rough buffet and leave no bruise, who shakes his threatened fist under the mayor's nose and is seen an hour later arm in arm with him who has been won over to the radical forces for civic redemption? Held in awe by physicians who knew him only as a name, no man in his time was more respected or so much beloved. Yet in almost every field Osler's aims were at first accounted radical; men were won to those views by reason; he was not the mere head of an established tradition. The rare peculiarity in his temperament enabled him to distinguish between a man and that man's baggage of ideas. Unless mean or dishonorable, there seemed always something in the man worth while and Osler could detect this as he might as a physician, detect a latent disease; working on this deeper man the result was sometimes near to a miracle.

In this he was often most aided by his own reputation for prodigal generosity. His money he gave away when he had little, to friends, to relatives, to strangers in distress; he would "sanctify a fee" by turning it over to a library; his notes made on the study of some disease were at the disposal of any sincere student; all done in a way that left his identity concealed if possible. But as they were oft repeated, a tradition could not be prevented. Characteristic of his attitude in all relations was his refusal to delegate his little charities. The procedure of charity organization societies was not his way. No one asking aid should be turned away without money, were his instructions to the Negro butler. "There was no discrimination," he once said, "in the charity of the Good Samaritan, who stopped not to ask the stripped and wounded man by the wayside whether it was by his own fault the ill had come, nor of his religion, nor had he the wherewithal to pay his board."

In these modes of thought and in many others he was classic Greek, not as an adopted philosophy, but naturally. Someone has said in commenting on Osler's biography that he was a Puritan, but as a man whose rule for conduct is *Aequaminitas,* who controls emotion to imperturbability; who holds the feelings of others in sacred respect and is withal blithe and gay, he is a pure Stoic.

A complex, elusive, and delightful personality is disclosed in this masterly biography. Now what did Osler accomplish? His earlier reputation was first as a great teacher. And it was not what he taught that was remarkable but the way he did it. He imparted enthusiasm, the only thing worth while that any teacher can impart. Osler surrounded by his crowd of students, streaming from ward to ward, eager, excited—they appear bent on a swimming excursion (his special delight), so happy do they seem.

At the Johns Hopkins Hospital he introduced the Scottish method of bed-side teaching, an innovation in America, and it is amusing that this school at first was said not to be sufficiently practical. The Alpha and Omega of Osler's method of teaching he took from Latham—"It is by your own eyes, and your ears, and your minds, and your heart that you must observe and learn and profit, I can only point to the objects and say little else than see here and see there." And it was repeated in bed-side aphorism and elaborated in essay that the physician must practice with his heart as well as with his head—oft forgotten in this day of ignoring the man in search of his disease. He was ever appreciative of the overcharged state of the student mind, and advised him always to read some good book, not medical, every night before going to sleep—and he would recommend the books. Then there was the radical custom of having the students at his house an evening each week when they gathered about him drinking beer while he chatted of great men in medical history—the idea always that inspiration is more than knowledge, character stronger than science.

Then the text-book of medicine, translated into many tongues, even Chinese, and a standard work the world over. It was this text read by a layman which inspired the foundation of the Rockefeller Institute.

It is hard to realize that the effective sanitary methods of to-day are a growth during one generation. The concern of health officers a few years ago was epidemics—chiefly small-pox; their concern to-day extends from children's teeth to iodine in potable water. No one man brought this about, but it came by the perseverance of relatively a few. In Montreal Osler was physician to the small-pox hospital during an epidemic. He saw the need of popular education to prevent repetition of the catastrophe and persistently hammered this idea into indolent heads. In the South, in Baltimore, typhoid was an annual scourge, Osler with a lone health officer and a selected group made the plague a political issue and by public meetings awakened the complacement populace. By papers in medical journals, by addresses to medical societies, by showers of letters to physicians, he constantly insisted that typhoid could be eradicated. And to-day the Delian tribute is not to typhoid but to the motor car. Both in this campaign and in that against tuberculosis it is worth note that the efforts to awaken a public "which supinely acquiesces in conditions shameful beyond expression" were with Osler tempered by a "larger sympathy of man with man." His motto was "Let us meanwhile neither scold nor despair."

It is difficult to realize that Osler's paper on the Home Treatment of Consumption, in which he advocated fresh air and food, was a novel idea twenty-five years ago, and that the campaign against the "white plague" was restricted to a very few members of the medical profession. And it required speeches, exhibits, congresses, to arouse physicians and public alike. In the beginning of this large task much effort was lost due to divergent views of scattered societies, but with Trudeau, Hermann Biggs, Flick, Welch, Sternberg, and Osler, the national society was finally born, rather puny at first, with no promise of its sturdy growth to a size when its financial strength exceeds its imagination in expenditures.

Osler was also active in the British congresses for tuberculosis and years later at Oxford he started a local movement there. Interested as he was in scientific discoveries relating to medicine, he was ever eager to mint the gold of discovery for the benefit of humanity. In precept and practice he was first a humanist. And his interest in public health never flagged; one of the first things he did after he became Regius professor at Oxford was to advise the English about their teeth, so that they might masticate rather than bolt their food.

As a thread of god woven through the close-knit texture of a busy life was the love of classic literature. When a mere boy, Johnson, one of his teachers, introduced him to the Religio Medici, and this book became to Osler a sacred text. The thread gradually becomes a pattern and in his

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mature years Osler's taste and interest extended to include the best writings of all time. It was not only the history of medicine which absorbed him, though in this field he was an authority and a veritable bibliomaniac known to every book mart from Amsterdam to New York, buying rare editions, not for himself alone, but to present to medical libraries everywhere; but the record of noble thought in noble language was to him an inspiration. Even this source of fuller life he shared with others; his addresses and essays are often built on those texts. And how deeply he studied and absorbed the spirit of the ancient, especially of Greek thought, is evidenced by conservative Oxford electing him, a radical Canadian, president of the classical society.

This is the record of a delightful life told with all the charm and vigor that characterized the great "chief."

NELLIS B. FOSTER, M.D.

THE LIFE OF SIR WILLIAM OSLER, *by Harvey Cushing. Oxford Univ. Press. 2 vol. 685, 728 pp. Price $12.50 postpaid of The Survey.*

The Smaller City

THE analysis of the complex but careful study of the health activities of the eighty-six cities is admirably handled by Dr. Palmer and his associates. The authors are especially to be congratulated upon the concise, definite and clearly worded summaries and recommendations. The book is a most important contribution to public health administration. Every health officer should have a copy.

The survey, undertaken primarily of course to determine the status of child health in the eighty-six cities of the United States whose populations fell between 40,000 and 70,000, was wisely designed so as to include all health activities both official and non-official. Through the careful surveying of the cities by five well trained health men of the Research Division of the American Child Health Association and the scientific and painstaking tabulation, analysis, and interpretation of results the authors have been able to present a clear and accurate picture fo health activities as they actually exist in cities of this size.

The report has four sections:

The Conduct of the Investigation.
Administrative Practices in Public Health.
Sketches of the Health Work in Each City.
A Proposed Plan of Organization of Community Health Work for a City of 50,000 Population.

The section on Administrative Practices in Public Health deals with the subject under the headings, The Characteristics of the Cities, the Organization and Personnel of the Health Department, Vital Statistics, Communicable Disease Control, Venereal Disease Control, Tuberculosis Control, Maternity Hygiene, the Hygiene of the Infant, the Pre-school and the School Child, Sanitation, Laboratory Facilities, Popular Health Instruction, Pubic Health Nursing, Recreation and the Private Agency in the Field of Public Health. The presentation of each subject is well illustrated with charts and tables.

The Appraisal Form for City Health Work has been used as a basis of rating each city on the various items included in Administrative Practices in Public Health. While comparisons of individual cities are not made by name each subject as Vital Statistics, Infant Hygiene, etc. is treated, as far as ratings are concerned, as a separate entity. Under each health practice the average scores have been expressed for the third of cities having the highest scores in that particular activity, the third having the next highest, and the third having the lowest scores. The average score for all cities and the maximum and minimum for each group are given without the mention of names.

The fore part of the report is given over to an especially well worked out series of summaries and recommendations covering each of the phases of Administrative Practice in Public Health. Some of the more striking revelations of these summaries are:

That while every city is doing some work toward bettering the health of the child the average amount is not over half of what is to be expected in a reasonable health program.

Only 45 of the 86 cities had full-time health officers.

Sanitation and laboratory work were the health activities having the highest ratings.

Popular health instruction and pre-school hygiene were the most neglected activities.

The average salary of the full-time health officer is only about $1,000 more than that of the part-time health officer.

The layman's conception of the present day job of the health department is that of nuisance inspection and garbage collection.

The plan of surveying, the survey itself and its tabulation, analysis and interpretation, as a whole, form a unique and particularly valuable piece of work in that, as far as we know, it is the first time in the history of this country that a small group of well trained health men has devised a plan, actually carried out the field work, and assisted in the tabulation, analysis, and interpretation of the records which it has gathered. In addition to this the same group has reviewed its work and in the light of its experience been chiefly responsible for the formulation of a carefully devised plan of organization of community health work for a city of 50,000 population.

HENRY F. VAUGHAN, D.P.H.

A HEALTH SURVEY OF 86 CITIES, *by George T. Palmer, Philip S. Platt, W. Frank Walker, Annetta J. Nicoll, Anna Jablonower. American Child Health Association, 370 Seventh Avenue, New York. 614 pp. Price $3.00 postpaid of The Survey.*

A Study of Louisville

PUBLIC health and hospital officials will be particularly interested in a recent survey report of the health and hospital agencies of Louisville, Kentucky. This survey was made for the Community Chest of Louisville, during the early part of the year, by Dr. Haven Emerson of the College of Physicians and Surgeons of Columbia University and Anna C. Phillips, now executive secretary of the health council of the community chest. It is interesting in this connection to note that one of the local newspapers is carrying approximately two-thirds of the report in serial publication, accompanied by comments from those prominent in the local health and social fields.

This survey includes a statement of the present facilities of the hospitals and health agencies of Louisville, together with a description of their work and relations to each other and to the community, followed by recommendations as to the development of a future community health program.

"The infancy, childhood, rate of growth and physical or material proportions of a community are as essential for a description of a city as are similar elements in picturing an individual." Chartered in 1828 as a city with about 10,000 inhabitants, the estimated (*Continued on page 174*)

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City Health Administration

By C.-E. A. WINSLOW, Dr. P.H.

UP to the beginning of the present century public health administration (with the exception of a few pioneer departments like that of New York city) was concerned almost wholly with environmental sanitation and with a generally ineffectual attempt to control acute epidemic disease by crude methods of quarantine. During the past twenty-five years the health officer has been developing his activities along new and untried lines, infant welfare, school hygiene, anti-tuberculosis work, venereal clinics, immunization—opening up constant vistas of service, but ofttimes confused by conflicting demands and guided by local sentiment into a one-sided and top-heavy development of one or the other activity.

Nineteen twenty-five marks what I believe to be truly an epochal event in the history of the public health movement—a formulation on behalf of the public health profession of definite standards of city health service which gives us a norm for developing a balanced and effective program and a means of crystallizing public support and securing needed financial aid such as we have never had before.

This is a very new movement and the literature bearing directly upon it is therefore very scanty. The attempt to measure public health work on a direct and quantitative basis began with Dr. C. V. Chapin's Report on State Public Health Work in 1916 (out of print but to be obtained in many libraries). The first systematic comparative survey of city health work by the Committee on Municipal Health Department Practice was published by the U. S. Public Health Service in 1923 with data as to the eighty-three large cities of the country as of 1920, and with a plan for an ideal health department for a city of 100,000 population. The American Child Health Association has just issued a comparative survey of eighty-six cities between 40,000 and 70,000 population in 1924; and the Public Health Service during the coming winter will give us a similar report for the cities of over 70,000 population. Hiscock has presented an outline of ideal organization for a city of 20,000 population. Finally the Committee on Municipal Health Department Practice will this fall make public with its formal sanction a revised appraisal form for the scoring of city health departments which is recommended for standard use during the next three years. This practically completes the list of existing references on the detailed comparative study of public health practice.

The student of this subject will of course find it exceedingly helpful to examine in detail the published reports of intensive surveys of the health problems of individual cities, such as New Haven, Louisville, and above all the monumental study made by Emerson and his associates at Cleveland. Horwood's book on the technique of health surveys will also prove valuable particularly on the engineering side.

Of textbooks on the general subject Moore's study perhaps deals most fully with actual administrative problems. The texts of Luckett and Gray and Overton and Denno will also, however, prove very helpful in this connection.

Some idea of the historical backgrounds of the public health movement may be gained from recent Gamma Alpha and Sedgwick lectures. Its more important present objectives are outlined in the admirable series of monographs issued by the National Health Council. The broader social aspects of the public health movement and its relations to general medical practice have been analyzed by Burnham and Newman; while Newsholme gives a valuable picture of what has been accomplished in the field of public health administration in Great Britain.

No attempt is here made, of course, to refer to the many admirable texts on the basic subject of public health but only to those dealing primarily with health administration. See also Survey Reading Lists No. 1 (Psychiatry and Mental Hygiene, Nov. 1, 1923; Nos. 3 and 4, Social Hygiene, Feb. 15, 1924; No. 5, Nutrition, April 15, 1924.

Dr. Winslow Recommends:

A REPORT ON STATE PUBLIC HEALTH WORK, *by C. V. Chapin, American Medical Association, Chicago, 1916. Out of print.*

REPORT OF THE COMMITTEE ON MUNICIPAL HEALTH DEPARTMENT PRACTICE OF THE AMERICAN PUBLIC HEALTH ASSOCIATION, *Public Health Bulletin No. 136, United States Public Health Service, Washington, 1923. 50 cents.*

HEALTH SURVEY OF 86 CITIES, *American Child Health Association, New York, 1925. $3.00.*

THE ORGANIZATION AND BUDGET OF A HEALTH DEPARTMENT IN A CITY OF 20,000 POPULATION, *by I. V. Hiscock, American Journal of Public Health, March 1924, Vol. 14, p. 203. Free reprint.*

COMMITTEE ON MUNICIPAL HEALTH DEPARTMENT PRACTICE, *Fifth Report (Containing revised Appraisal Form). Will appear in forthcoming issue, American Journal of Public Health.*

A HEALTH SURVEY OF NEW HAVEN, CONN., *by C.-E.A. Winslow, I. C. Greenway, and D. Greenberg. Yale University Press, New Haven, 1917. $1.00.*

HOSPITALS AND HEALTH AGENCIES OF LOUISVILLE 1924, *by H. Emerson and A. C. Phillips. Health and Hospital Survey Committee, 1925.*

CLEVELAND HOSPITAL AND HEALTH SURVEY, *Cleveland Hospital Council. 1920. 11 Vols. 50 cents each.*

PUBLIC HEALTH SURVEYS, *by M. P. Horwood. John Wiley and Sons, New York, 1921. $4.50.*

PUBLIC HEALTH IN THE UNITED STATES, *by H. H. Moore. Harper and Brothers, 1923. $4.00.*

ELEMENTS OF PUBLIC HEALTH ADMINISTRATION, *by G. S. Luckett and H. F. Gray. P. Blakiston's Sons Co., Philadelphia, 1923. $3.00.*

THE HEALTH OFFICER, *by F. Overton and W. J. Denno. W. B. Saunders Company, 1919. $5.50.*

EVOLUTION AND SIGNIFICANCE OF THE MODERN PUBLIC HEALTH CAMPAIGN, *by C.-E.A. Winslow. Yale University Press, New Haven, 1923. $1.50.*

PUBLIC HEALTH IN THEORY AND PRACTICE, *by W. H. Welch. Yale University Press, New Haven, 1925. $1.00.*

NATIONAL HEALTH SERIES, *National Health Council, New York, 1924. 20 Vols., 30 cents each.*

THE COMMUNITY HEALTH PROBLEM, *by A. C. Burnham. Macmillan Co., New York, 1920. $1.50.*

AN OUTLINE OF THE PRACTICE OF PREVENTIVE MEDICINE, *by Sir George Newman. Ministry of Health, London, 1919.*

THE MINISTRY OF HEALTH, *by Sir Arthur Newsholme. G. P. Putnam's Sons, London and New York, 1925 $2.00.*

Books for which the price is given in the accompanying list may be ordered from The Survey and will be sent postpaid.

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EDITORIALS

HAPPY legends to the contrary, there seems no reason to believe that the world ever has known a golden age of health. Geologists find diseased bones which are thought to show that even great pre-historic lizards and after them the early mammals, suffered from tumors and infections, and even knew the fate which, according to the advertisers, will claim the teeth of four out of five of us. Man probably falls heir to troubles which other flesh suffered before him.

By herding in crowds, by giving up his dower rights of sunlight and space, he even has added to many of those troubles, has created wholly new ways of wracking body and mind. For a time the balance of life and death promised doom to cities; they survived only because life was produced abundantly and cheaply without their walls, and the best and most adventurous were fed into them. The slow process of observation and control which has made it safer now to live in a big city than in a village, (and often safer to live in a city than in the open country itself) is the science of public health.

IT is amusing enough now to hear how early students of public health investigated the theory that tomatoes were the cause of cancer, that diphtheria bred in house drains, that the ozone in the air produced pneumonia. The serious point was that they were accepting the theory that disease was caused, and caused by something which could be studied, not a mysterious stroke from blind providence. Their process of noting and investigating single instances, and of formulating their outcome in the hope of finding a common quality or law, is that of science itself. This issue of The Survey shows the application of that process not to the individual but to the whole group of people who make up a city. The science of health administration (as opposed to that of the cure of disease) is built on a study of the case histories of cities, as medical practice is determined by the physicians' study of experience in other cases of the same disease. Its body of laws show reactions and interactions of human health as other sciences show them in terms of atoms or acids and alkalis.

The product—health—needs little selling. Everyone wants it for himself and his family. But the process which is back of the health of a community and of individual health in a community, is too little known. Dr. Hermann Biggs expressed its negative objectives when he wrote on the bulletin of the New York State Department of Health "Public health is purchasable. Within certain limits a community may determine its death-rate." Even more important, perhaps, is the possibility which this new science holds out to those who will take it, to determine the quantity and quality of its life-rate.

THE citizen must realize fundamentally that he needs a city health department and the protection it gives him. That realization is coming to be nearly universal. But he must also realize that he needs in it a man who can give his whole time and attention to the practice of public health. That is an issue where fighting is still to be done. What city would rely today on a part-time fire department, even if the volunteers were good enough for our grandfathers? What city today would allow a Herbert Quick to divide his time between practicing law and superintending its schools? The civic pride which insists on a full-time and highly paid corps of experts to represent a city on the league baseball diamond will hardly be satisfied—once the stakes are clearly seen—to compel its health officer to eke out his existence by splitting his time between public and private service. Yet as Mr. Kingsbury pointed out in Survey Midmonthly for October 15 (p. 91) only three of the ten cities of more than 50,000 population in New York state have full-time health officers, and though some other states make a better showing the need for greater concentration of health effort is a general one. City managers save cities money: Louis Brownlow in Knoxville was even able to make a ten per cent refund on taxes paid: and city managers are now recognized as experts to be hired where they can be found (regardless of local residence) and paid adequate salaries. Full-time health officers save cities lives: once that fact is common knowledge their status as public servants must be recognized and improved, until the worst of the troughs in American health practice to which Sir Arthur Newsholme calls attention so pointedly are leveled up and form the basis for new achievement.

ON October 15, the forty-fifth annual convention of the American Federation of Labor elected William Green president of the federation, thus reaffirming the action of the federation's executive council in designating him to fill out the unexpired term of Samuel Gompers who died on December 13, 1924. The election of the former secre-

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tary-treasurer of the United Mine Workers of America to the highest office in the gift of the organized labor movement was uncontested, unanimous, and enthusiastic.

Mr. Green has neither the vibrant magnetism nor the colorful personality of his predecessor. One of Mr. Gompers' ardent admirers characterized him at the time of his death as an actor—a man who had conceived for himself a definite role and who always carried himself in conscious conformity with his conception. It was this histrionic quality in him that often conveyed the impression that he was fearful lest the world might not accord him the importance to which his leadership of the American labor movement entitled him. It was this quality that seemed to explain a certain strut and bellicosity in his manner, a certain touch of Falstaffian bravado in his use of long, black cigars and other more potent stimulants. It accounted for his habit of hurling defiance at the "enemies of labor" and then sitting down with not a few of them at the banquets of the National Civic Federation.

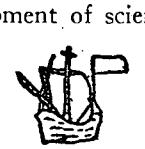
Mr. Green lacks this picturesque quality. He is more like a Methodist bishop than a star of the footlights. He neither smokes nor uses liquor. He is barred by the rules of his union from membership in the National Civic Federation. He is not given to hurling defiance, except on all convenient occasions at the communists and other shades of "red." The men who cheered him at Atlantic City acclaimed him as "Green the Peace Maker." This sobriquet referred more immediately to his remarkable success in settling jurisdictional disputes which had threatened to disrupt a number of the most powerful unions affiliated with the federation; but it referred also to the conciliatory attitude he has taken, during the months of his presidency, toward the American public in general. He has apparently determined to win for the trade unions such sympathy and solid regard that their right to participate in the government of American industry shall in due course be generally taken for granted.

THIS attitude was manifest in the report of the Federation's Executive Council to the convention and in the resolutions which he supported. The principal items in the report dealt with subjects that had been sponsored by Mr. Gompers, but those that were marked for special consideration conveyed an impression not only of a new emphasis but also of an almost fundamental change in policy. The first topic under New Economic Developments was the federation's affiliation with the Personnel Research Federation, an association of employers, trade unionists and technicians, devoted to the "scientific study of man in relation to his occupation," and to the development of facts, both in the field of economics and that of psychology, "by which policies and methods may be evaluated." The second item dealt with company unions. Instead of brushing these rivals of the trade unions aside as beneath contempt, as dishonest snares of "industrial autocrats" for luring wage-workers away from their proper allegiance, it declared that "it is useless to continue to use tactics and methods adapted to organization of industry and methods of opposition based upon conditions that existed in previous decades. The unions that make progress against existing difficulties must be able to match brains against brains. . . . We should first collect data on company unions and then on the basis of this information plan further investigation and how best to secure the cooperation of research agencies." Under Union-Management Cooperation, after stressing collective bargaining as the first function of the trade union, "participation in finding better methods of production and greater production economies" was characterized as "the still more important service that the union can render." The prerequisites of effective cooperation are "well developed trade unions, and dependable, competent, expert advisors."

As supplementing this new emphasis upon labor's interest in increased efficiency of production, the convention adopted a wage policy which President Green acclaimed as the "enunciation of a new era . . . a position far in advance of any we have taken before," one demanded by the advent of giant electrical power. Instead of a "fair day's pay for a fair day's work," instead of a "living wage," organized labor will in the future base its wage demands on the increased productivity of industry resulting from its own more active cooperation in improving production and the heightened efficiency of machinery, especially electrical machinery. "We oppose all wage reductions," runs the resolution as adopted after considerable discussion:

> We urge upon management the elimination of waste in production in order that selling prices may be lower and wages higher. To this end we recommend cooperation in study of waste in production. . . . We hold that the best interests of wage-earners, as well as of the whole social group, are served by increasing production in quality as well as quantity, by high wage standards, which assure sustained purchasing power to the workers and therefore higher national standards for the environment in which they live and the means to enjoy cultural opportunities. . . . Social inequality, industrial instability and injustice must increase unless the workers' real wages—the purchasing power of their wages—coupled with continuing reduction of hours, making up the working day, are progressed in proportion to man's increasing power of production.

The Federation, under Mr. Green's leadership, is making a point of stressing organized labor's interest in more efficient and increased production, and in cooperation with managements and technicians to this end. In formulating its new wage policy, it serves notice that a condition of cordial cooperation and sustained productive efficiency on the part of the workers is a reciprocal interest on the part of managements and the technicians in labor's desire to share in the results of increased efficiency. It would be a happy omen for the future of American industry if the groups of management engineers, such as the professional members of the Taylor Society who have made a gospel of efficiency in production, should take the initiative in meeting labor's fresh interest in production by giving constructive consideration to the Federation's new wage policy in its relation to their programs for the development of science in management.



READERS of the June Graphic will remember Judge Lindsey's story of the fight against him by the Ku Klux Klan, which first tried to legislate the Denver juvenile court out of existence, then ran a candidate against him in the elections, and finally endeavored to have the count thrown out in the courts. He defeated the Klan in the contest in the District Court. Recently the Klan

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candidate against Judge Lindsey was found dead in his kitchen, with all gas jets turned on. It was pronounced a case of suicide by the coroner—no inquest being held. Proceedings for disbarment upon charges of unethical conduct, made by his former clients were, at the time, pending before the Grievance Committee of the State Bar Association. They were to have been finally heard the night of the day he was found dead.

Notwithstanding these circumstances, the Klan influence backing the contest is continuing the case in the Supreme Court, in an effort to have the judgeship of the Juvenile Court declared vacant. In that event they hope that the Klan Mayor will appoint someone of their choice to take over the Juvenile Court of Denver, as was originally planned. The case is now in the Supreme Court and a decision is expected within the next two or three months.

THE Sixth Assembly of the League of Nations was both disappointing and encouraging. Superficially its achievements were minor or negative. Steps were taken looking towards the technical preparation for three international conferences, one on disarmament, a second on the private manufacture of arms, and the third on economic problems. There is no assurance, however, that any one of these conferences will be called within the next two or three years—although the subsequent developments at Locarno enhances that possibility. The assembly's action in reference to them was rather an expression of hope than the laying down of a concrete programme.

The failure to accomplish more was attributable in considerable part to the attitude of Great Britain. As the Foreign Policy Association Bulletin of October 16 puts it:

> . . . despite the presence of Lord Cecil as the head of the delegation after Austen Chamberlain left, the British representatives on almost every occasion found reasons for not favoring affirmative action. It was thus with the proposal to ask the Council to make preliminary plans immediately for a technical survey looking towards an eventual disarmament conference. They opposed plans for an international economic conference under the auspices of the League. They sought to minimize the importance of arbitration and to exalt the procedure of political or diplomatic settlement. In short, they seized nearly every opportunity to explain why the League for this reason or that should remain quiescent.
>
> It is encouraging that this policy of negation found little support. Led by France, most of the states fought it. Before the end of the Assembly this opposition became so evident that the British were isolated and put on the defensive to a humiliating degree. The League again, somewhat as in the case of Corfu and Italy, became a great international forum at which the moral sense of the world made itself unmistakably felt. To a degree unthinkable under the old diplomatic procedure the small states were able to express with impunity and complete frankness their opinion of Britain's policy. They reaffirmed with every evidence of sincerity their faith in the principles of the Geneva Protocol: security, arbitration, disarmament. It was a wholesome and refreshing spectacle.

Equally encouraging was the cumulative evidence at the Assembly that the League has become institutionalized. It has grown to be a fixed habit for the responsible governmental authorities of more than fifty states. More and more foreign ministers, heading their respective delegations, utilize the Assembly as the most convenient means of doing in informal conferences within a few weeks what would require many months to do less well with the more usual diplomatic procedure, either the exchange of notes or communications through ambassadors or ministers.

Similarly the vast improvement in the mere mechanics of this Assembly over that which met five years ago is a convincing evidence of healthy growth. Both in the general meetings of the Assembly and in the Council, commissions and committees, there is constantly offered even to the casual visitor unmistakable signs that all of these organs of the League are functioning with a smoothness and precision not always equalled by our national parliamentary or administrative bodies. And this, despite the heterogeneity of race, religion, legal and social background and language.

Despite, therefore, the lack of brilliant achievements at this Assembly, it is indisputable that the League is more firmly entrenched in the confidence of the great majority of the states than ever before. It has decisively demonstrated that it has become an essential and integral part of the world's international machinery.

CONCILIATION, not dictation, was the dominant note of the Locarno conference, which came on the heels of the Geneva meetings and which may even be said to have reacted to their psychology. It gave another chance for a more affirmative front, and this time the British did not hang back. Fundamentally the spirit in which it was entered upon was symptomatic of the weakening of the hitherto prevailing war psychology. Western Europe is determined to have peace. The brilliant achievements of those two weeks at Locarno are the measure of this desire. Unlike the Protocol at the League of Nations Assembly last year, the treaties signed at Locarno are likely to be ratified and to become an integral part of the published law of Europe, because they are the concrete embodiment of the dominant public opinion on both sides of the Rhine.

The following are the outstanding points of agreement:

First: France and Belgium on the one side and Germany on the other mutually pledge to maintain the inviolability of the demilitarized Rhineland zone. Britain and Italy pledge themselves to guarantee this treaty.

Second: Germany agrees to enter the League of Nations without formal reservations in a special session of the Assembly to be called within the next few months. She is to be assured a permanent seat on the Council. There is a gentlemen's agreement to support an interpretation or amendment of Article XVI of the Covenant (which provides for sanctions) so as to take cognizance of Germany's contention that her disarmament under the terms of the Treaty of Versailles left her in an exceptional position. It is also generally believed that the Allies have given a verbal promise that the evacuation of Cologne will take place soon; that the withdrawal of the allied troops from the rest of the Rhineland will be expedited; that the final determination of the fate of the Saar may be made before the period provided for in the Treaty of Versailles; and possibly that

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Germany may have returned to her under a mandate one of her former African colonies.

Third: General arbitration treaties have been signed between Germany and four of her neighbors, Belgium, France, Poland and Czechoslovakia. These in effect outlaw war because under their terms all questions arising between the countries concerned must be referred to arbitration or to commissions of conciliation. If the latter fails to reach an agreement, the question at issue then goes automatically to the Permanent Court of International Justice.

Even this brief summary gives some sense of the enormous gains embodied in these seven treaties. They mark dramatically the close of one period and the beginning of another. If ratified, they can only mean that Europe has at last declared peace—and begun its prosecution.

And peace on the west front means an infinite variety of human consequences—social, economic, psychological, in all that great workshop of steel and iron and coal and fabricating centers which has been Europe's battleground for centuries but which is, regardless of political boundaries, a great production region; the homeland of countless wage earners, German, French and Belgian.

IN that reawakening of race consciousness and pride in its own substantial achievements which several contributors to the Harlem number of The Survey marked as a factor of vital importance in Negro progress, the Association for the Study of Negro Life and History has played a distinctive part. It has just celebrated at its headquarters in Washington the tenth anniversary of its foundation. A two-day convention, with a program of scientific papers, such as it has offered annually, and with a special anniversary exhibit of historical documents, marked the occasion.

The association is the outgrowth of the research and executive effort of Carter G. Woodson, who edits its official organ, the Journal of Negro History. This scholarly quarterly has now gathered, in its ten volumes of articles, monographs and reprinted rare documents, a body of information upon the Negro of encyclopedic range and authority. In addition to this major effort, the association has given great impetus to the scientific historical training of Negro students, by supporting graduate scholarships for the training of expert historical investigators, and has also maintained through the affiliated Associated Publishers Inc. a two-fold series of book publications in furtherance of its aims. One of these is a series of more or less popularized but painstakingly accurate manuals such as Dr. Woodson's The Negro in Our History and Mr. Kerlin's Negro Poets and their Poems, designed for popularizing for the general reader, and especially for Negro schools, the authentic facts of race history and race progress. The other is a series of monographs in Negro history, largely the work of Dr. Woodson or of investigators trained under him. In this way Dr. Woodson's own The Education of the Negro Prior to 1861, History of the Negro Church, Fifty Years of Negro Citizenship as Qualified by the United States Supreme Court, and A Century of Negro Migration have appeared along with other notable studies like A. A. Taylor's The Negro in South Carolina During the Reconstruction, a similar study of the Negro in Virginia, a Documentary History of the Negro Colonization Movement, and a Census Analysis of the Free Negro Population in 1830. Although the extension work of the society has been made possible by the general contributions of contributing and sustaining members, a large number of whom are Negroes, the research work, or at least its publication, has been made possible largely through the grants, over a five-year period, of $25,000 each from the Carnegie Corporation and the Laura Spelman Rockefeller Memorial.

The association has creditably succeeded in putting the important question of history as it relates to the Negro upon a sound scientific basis, and rescued it, one may say, from the all too prevalent controversial bias and amateurish incompetency that formerly were tolerated in this field in which the work even of reputable historians has reflected in many cases almost total neglect of Negro sources and *ex parte* judgment. It has thus performed a general service to American historical scholarship.

In addition, of course, it has been a helpful service to stimulate pride and knowledge of race among educated Negroes and to promote Negro scholarship. The immediate projects of the association are a continuation of the publication of monographs, especially relating to the difficult and misunderstood period of the Reconstruction, studies in the economic and social aspects of the Slave Regime, the printing of documents bearing on early Negro life in America collected from letters and manuscript sources, and the undertaking, if possible, of two new avenues of investigation —Negro folk-lore and studies in African history and culture.

REPORTS from China reflect a growing pessimism on the part of foreigners and Chinese over the possibility of a successful conclusion of the Customs Conference and the meeting of the commission on extra-territoriality about to begin in Peking. The international judicial inquiry into the Shanghai shooting, begun by the Powers in the face of strenuous Chinese opposition, has created a difficult setting for the more important diplomatic negotiations. The inquiry, delayed by months of bickering, is being boycotted by the Chinese on the ground that it cannot disclose any facts not already brought out by the earlier commission of inquiry, whose recommendations have been buried in the archives of the foreign embassies in Peking. It is serving, apparently, further to inflame Chinese opinion and to revive the indignation aroused by the violent outbreaks of last May and June. In such an atmosphere formal diplomacy, seldom capable of constructive action at best, is severely handicapped.

Meanwhile, meeting at Baltimore in September in the informal setting of the Johns Hopkins campus, the Conference on American Relations with China revealed the potentialities of unofficial public opinion. The two hundred men and women who went to Baltimore represented virtually all of the interests concerned in American relations with China: business, education, the church and missions, the press. They reflected all shades of opinion, and while they failed to agree on the program to be fol-

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lowed in carrying out the reforms which all felt must come, they met and exchanged ideas with a frankness which led to full and sympathetic understanding.

A SENSE of the urgency of immediate action prevailed throughout the conference. The discussion inevitably centered about the dominant aspirations of China, ably presented by a little group of Chinese students, a Chinese educator representing the best of Eastern and Western cultures, and the Chinese Minister to the United States. Should American citizens press their government to go further in meeting Chinese demands for customs autonomy and revision of unequal treaties than other powers are ready to go? Should China pledge herself to maintain an administration of justice adequate to safeguard foreign interests? What is meant by "immediate autonomy"? On these and other questions the Conference was frank to admit its divergence of opinion.

On the fundamental issues, however, the Conference was in accord. A report of a sectional meeting, accepted "as an expression in substance of the views of the Conference" stated that "generally speaking we are agreed that extra-territoriality should be abolished and that customs autonomy should be given to China." While recognizing its inability to deal satisfactorily with the means to be taken to carry these measures into effect, the Conference expressed the opinion that the United States Government should take a position of vigorous leadership in the negotiations at Peking. "Upon completion of the Customs Conference and the Commission on Extra-territoriality, we do not believe that the action of our government should depend upon the complete agreement of all the powers . . . our Government should have the firm purpose of acting independently if it is found impossible within a reasonable time to secure the concurrent action of . . . these . . . other powers."

It is through such informal discussions as those held at Johns Hopkins that international understanding, in the truest sense of the words, is seeded down. The hope that further meetings of this kind will be held, expressed by a member of the Conference at its closing session, will be echoed by many Americans.

WHEN Viscount Haldane, rich and of ancient lineage, was asked to explain his membership in the British Labor Party, he said that his chief interest in life was education and the Labor Party seemed to be the only British party that was interested in education. He meant, of course, that it had a concrete interest in making education educational for children.

The general attitude toward education in this country too frequently drifts into mysticism: we get the same exaltation out of merely hearing the word that the old lady got out of hearing her pastor pronounce the blessed word Mesopotamia. It is still easy to satisfy an American audience by talking, with a catch in the voice, about the little red schoolhouse. More of us are emoting about education than thinking about it.

So when an organization of teachers, like the American Federation of Teachers, passing beyond the emotional stage, begins to use critical intelligence, the chances are more than equal that they will puzzle part of their public and professional audience, irritate others, and quite fail to shake the complacence of the rest. Yet anyone who is interested in keeping up with progressive thinking and programs of action in American education will give careful consideration to the national platform recently adopted at the ninth annual convention of the Federation in Chicago. Its sixteen planks are these:

1. The normal five-hour day in the public schools.
2. The single salary schedule for those having equal experience, preparation and other qualifications.
3. The sabbatical leave with adequate compensation, automatically operative in order of application.
4. Academic freedom for teachers and pupils, especially in the social and natural sciences.
5. A cultural wage with annual automatic increments.
6. Payment for absence due to illness, quarantine, or death in the immediate family.
7. The abolition of the rating system to be replaced by intelligent cooperative supervision.
8. A pension after thirty years' service, sufficient to maintain the teachers' standard of living.
9. A maximum of fifteen hundred pupils to a building, a maximum of thirty pupils to a class.
10. School buildings that are comfortable, safe, sanitary and well equipped, retaining an atmosphere of friendliness and non-institutionalism.
11. Teachers' Councils, controlled by the teachers and participating in the determination of educational policies.
12. Democratic trial, appeal, salary and educational boards, including, among others, representatives of the teaching staff and organized labor.
13. Teacher tenure.
14. Application to the public schools of the most modern methods developed in the field of experimental education.
15. Elective boards of education possessing financial independence and having teacher and labor representation.
16. Equal educational opportunity for all without discrimination on account of race, religion or social status.

The platform was adopted in Chicago, and naturally reflects strongly the feeling of some Chicago teachers about the conditions under which they are working. The Chicago Tribune has had a good deal to say about the public schools and the teachers in a series of recent editorials. Here, for example, is a paragraph from an editorial of September 14:

> The teachers have gone beyond all the limits of reasonable behavior. The constant repetition of their protests can only be considered a form of insubordination. Clearly they are suffering from a delusion of persecution throughout the years. If teachers want to be respected in the community, they must quit resenting every act of the Board of Education as if it were intended to crush them under heel. Do the teachers want the youngsters to believe that the good life consists in resentment of all authority? All the evidence indicates that is what the teachers are aiming at.

In that comment, smacking as it does of the righteous wrath of the Victorian employer at the pertinacity of his "hands," is a cue to the insurgent attitude of the teachers. Such attitudes react on each other and feelings boil on both sides.

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The program of the Teachers' Federation is no mere radical manifesto; along with the fighting issues of teachers as unionists are planks which lie close to the foundation stones of American social life. Texas may be this month cutting evolution out of the biology textbooks after the manner of Tennessee, but the general recoil of public opinion at the trial at Dayton last summer demonstrates not only that it is increasingly necessary to fight for "academic freedom for teachers and pupils, especially in the social and natural sciences," but that the teachers will have powerful allies in that fight.

Whether the support of intelligent public opinion can be won for those planks that refer directly to the conditions of service in the teaching profession, and once won can be made effective in altering those conditions, is a more difficult question. Chicago itself made promising experiments, prior to the present school administration, in the organization of teachers' councils such as are called for in Plank II. But those councils no longer exist, and the old scheme of education organization remains.

With much Canute-like control exercised inside the schools, with many teachers—under goad of that situation—quiescent or merely kicking against the pricks, with the public remaining too often wistful and sentimental about Education, the Federation has shown statesmanship in linking social with professional objectives. They are only at the inception of their struggle to participate in an intelligent commonwealth of education, but they have at least cast their net wide enough to make others see that their fight is not sheerly that of teachers and their jobs. Nor is this merely a matter of tactics: they are eye witnesses to the needs of childhood.

A GROUP of prophets crying in the wilderness—the Committee on Community Planning of the American Institute of Architects, to be exact—have put forth a thin white pamphlet on Architecture and Broad Planning which seeks to stem the tide of professional and popular enthusiasm for the aggrandizement of cities. They should have hired a department store.

New York will celebrate its tercentenary in 1926. Already one of its famous general stores (having some aggrandizement of its own to celebrate) has decked itself in festal array with a "pictorial pageant of New York." It calls the show The Titan City, and has hung its walls with those bold and outrageous fantasies in which Harvey W. Corbett and Hugh Ferriss have prophesied the architectural future of the city: pyramids and towers up-thrust to dizzy heights from quite invisible streets, dwellings clinging to bridges and churches swollen to monstrous stature, "giant buildings," as the catalogue has it, "that pierce the sky almost without limit."

Here is an educational event of no small importance. The public is being taught to think romantically and complacently about a city of the future in which the concentration of population will pass the bounds of present comprehension, in which the human animal will be so dwarfed and circumscribed by his own creations as to lose all hope of contact with his natural environment, in which the nuisances, wastes and cruelties of existing cities will be

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multiplied times without number. Cities are running riot, and we are encouraged to applaud the spectacle.

It is a still small voice that the dissenters raise. "A small and growing minority," according to the architects' committee, "hold the view that our rapidly growing cities will present still more perplexing problems than those now before us, and that it is the duty of the town planner to put all possible stress on the need for that kind of planning which will tend to create smaller centers where the use of natural resources may be developed without the present form of waste." Raymond Unwin, from the vantage-point of England, is reassuring as to the "coming change . . . from the worship of quantity to the realization of quality." Lewis Mumford, another contributor to this pamphlet, finds progress in "the clarification of two distinct conceptions of city growth." But C. H. Whitaker wonders whether the common needs and welfare will be put above individualistic exploitation "until the last dollar has been wrung from the earth-stored wealth of the United States." And Frederick Bigger, city-planner of Pittsburgh, winding up a masterly analysis of The Limitations of City Planning, admits that it is an "apparently superhuman task" to obtain the control of the relationships between land and its uses without which planning is futile.

It is no easy task to lead public imagination toward the alternatives for city congestion; so far all the glamor is with the Titan City. But there may be forces working toward a new alignment: were not the Titans, though they "piled mountains upon mountains to scale heaven," overthrown by the younger gods, and most of all by the thunderbolts of Zeus? The gods of the air are already with us, and the thunderbolts of giant power are flashing on every horizon—holding out hope, if not assurance of a chance to recapture the open spaces for human life.

HOW Petersburg, Virginia, became Petersburg Plus—the plus standing for the beginnings of scientific social work, community team-play, and civic leadership—was told in Survey Graphic for July, 1924. In the matter of relief, the forward leap was a long one—from almsgiving in which free wood for widows and church Christmas baskets played leading parts to family-welfare work under trained leadership backed by sound cooperation between public officials and voluntary groups. It is slow work to change folks' ways of doing good, but one lesson does somehow lead to another. An editorial from a recent issue of the Petersburg Progress-Index indicates that the leaven is still—or again—working:

The Family Service League of Petersburg is required to do work of two kinds. First, it administers a fund for purposes of direct relief, that is, it pays out money, voluntarily contributed by the public, for the purchase of necessities for the use of those who are in actual want. In addition, the league is supposed to engage in the work of rehabilitating the objects of charity in order to make them wholly or in part self-sustaining.

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in requiring that it shall administer direct relief and help prosecute the work of rehabilitation. The duty of the secretary of the Family Service League should be to help those who, with some assistance, can help themselves and those who can be taught to support themselves. . . . We have reached the point where we should consider charging the Family Service League and the Community Chest solely with the duty of rehabilitation of those who are in need, leaving to a municipal department of public welfare and to the state the duty of looking after the indigent poor, including those defectives who never can be anything else than paupers.

The rule-of-thumb division between the responsibilities of public and private agencies for family welfare is of course a bit too pat. It ignores most of the technical factors taken into account by the committee on relations with public departments, which, reporting its findings to the American Association for Organizing Family Social Work at Denver, was unable to reduce them to any single formula. But as a positive recognition of the necessity of "service" as well as "relief," and in its frank respect for the trained worker's task, the editorial indicates that Petersburg is feeling its way toward a surer grasp of its own social problems than many small cities—and some larger ones.

LETTERS AND LIFE
(*Continued from page* 165)

population of Louisville in 1924 was 260,000, showing it to be the largest city in Kentucky and second only to New Orleans of all cities south of the Ohio and Potomac rivers. The rate of growth decreases with the size and age of the city, as shown graphically in the report. It is stated that 921 of every 1,000 of the population are of native born stock, with 82.9 per cent white and 17.1 per cent Negro and other races represented.

Louisville is fortunate from an environmental standpoint and has a water supply "which removes the annoyance and minor health hazard of endemic goiter so common to the Lake cities and the northern shed of the Ohio river, and a subsoil gravel and sand bed giving ideal deep drainage." The general death rate in 1923 was 16.3 per 1,000 population, which is said to be the lowest in the history of the city with the exception of the rate for 1922. As elsewhere in recent years, Louisville's automobile accident rate has risen considerably, the death rate per 100,000 population having increased from 12 to 25.6 in 6 years. Infant mortality, and deaths from tuberculosis, typhoid fever, pneumonia, and diphtheria have decreased.

Among the most important recommendations of general interest is one suggesting the formation of a city and county administrative health unit in charge of a full-time professionally trained health officer appointed on his qualifications and secured in his position by civil service. The appointment by the mayor and the Fiscal Court of a city and county board of health of not less than five members, one member to retire and one to be appointed each two years, is suggested. It is also recommended that the community chest establish a health council and a hospital council either separately or combined under one committee of its members, to serve as a central coordinating body for the hospitals and health agencies of the entire city.

The report of 174 pages has been carefully prepared and printed, and is well illustrated by statistical tables, charts,

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and maps. Forms of letters and questionnaires used in the conduct of the survey are reproduced.

Yale University IRA V. HISCOCK

Industrial Hazards to Health

THE world has moved on quite a bit since in 1783 Percival Pott first called attention to the prevalence of soot wart and scrotal cancers among chimney sweeps. Chimney sweeps have dropped out well nigh as completely as town criers. But their occupational hazard from soot, more dangerous than the heights they scaled to, was a prototype of an altogether new range of human risk. Here on the borderland of industry and applied science, of chemistry and medicine, is a half-explored country. The industrial physician is its chief scout; our labor bureaus and health departments are posts on this frontier. The school of Industrial Medicine at Harvard is one of the block houses from which go out expeditions mapping half-discovered regions. There are man-falls in this new ground, traps and will o' the wisps, bogs and suffocating vapors and industrial processes as poisonous as the fangs of a snake.

The results of these forays, public and private, have been published from time to time. But here, within the covers of a single formidable volume, Dr. Hamilton has presented a general survey which will endure. Industrial processes will change; new inventions, new re-agents will come into use; none the less here is a mapping which will not only serve future explorers, but can be turned to direct practical account today. All physicians, nurses and social workers who have to deal with men and women who suffer injury or sickness in the day's work, should have this book on their shelves. They should be warned of course that they may themselves become victims of an occupational risk in consulting it and break their jaws over such words as hexamethylenetetramin, orthotoluidin or tetrachlorethane. Chemists are wise, no doubt, in their day and generation, but it is past speculation why they should set up barricades like these to prevent ordinary folk from getting the hang of their playthings. The text in which these terms are embedded is however charged with human interest. The storage battery worker who has violent delirium while in the hospital for colic, the girl in a fireworks factory suffering from phossy jaw, the girl who dips rubber bathing caps in a vulcanizing solution and finds her feet beginning to hang limp, the steel worker who is sent into a benzene tank to change the coil and dies from the effect of the vapor—these are syllables of experience which are in the vernacular of social work. They are clues as to why some families need help. This book is full of them. You wish that the author, who was for many years special investigator for the U. S. Bureau of Labor Statistics, and is today assistant professor of Industrial Medicine at Harvard, could visit one after another the industrial centers of the United States and hold seminars in turn for doctors, employers, hospital superintendents and social workers, and bring them abreast of the experience spread forth on these pages in its application to the hazards of their own localities.

These hazards are not hoary abuses. They spread in those industries which are today showing greatest technical advance. This frontier of hazard is a frontier of progress. For example, take tetrachlorethane. This is one of the halogen compounds belonging to the petroleum or fatty series; and the index shows its various uses as airplane dope,

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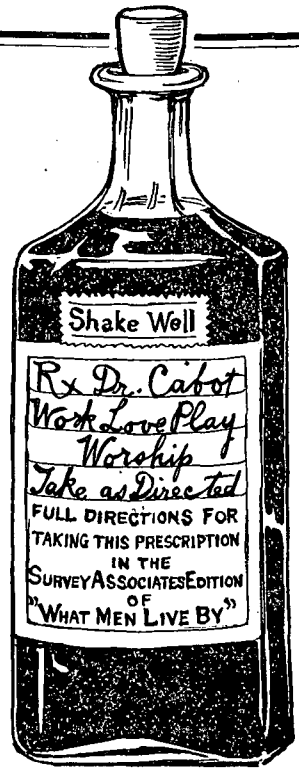

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in the manufacture of artificial pearls and silk, the extraction of alkalis and oils in lacquers and varnishes, lithography, moving picture films and rubber. From battle-plane wings then to the latest wrinkle in non-inflammable films for movies, this solvent is used at one stage or another and in its wake the workers may be subject to anything from headaches and jaundice to paralysis of the inter-osseous muscles of the hands and feet.

Dr. Hamilton deals extensively with European sources, but points out that it is not possible to draw conclusions as to the dangers of any occupation in the United States by simply consulting the foreign literature. The making of cheap kitchen ware is, for example, one of the bad lead trades of England; here it is not a lead trade. On the other hand, we have industries which are much more dangerous than those in Europe, such as the making of white lead by a dry process instead of a wet one, the use of large quantities of non-fritted white lead in pottery glazing, and the use of lead-laden enamel powder for sanitary iron ware.

We have been slow in this country to wake up to the importance of industrial toxicology. Dr. Hamilton charges that not one hospital in twenty has records which yield the sort of information which the student craves, and yet this is not elaborate.

> If the hospital interne [she writes] would only treat the poison from which the man is suffering with as much interest as he gives to the coffee the patient has drunk and the tobacco he has smoked, if he would ask as carefully about the length of time he was exposed to the poison as about the age at which he had measles, the task of the searcher for the truth about industrial poisons would be made ever so much easier.

Dr. Hamilton gives some rules of thumb for the physician who finds himself a cog in the machinery of production and who "must never sacrifice his own intellectual integrity nor adopt the standards of the non-medical man to whom the proper working of the plant is of first importance." She sharpens her counsel down to such specific cases as this:

> The industrial physician is entrusted with the ungrateful task of selecting by physical examination, men and women whom he considers fit to face the risks of work in poisonous occupations. The text books warn him to reject the tuberculous, the anemic, the individual with lesions of the kidneys or heart, and this is doubtless wise, but he is an innocent optimist who believes that after all this is done he has guarded himself against distressing accidents. The management may believe that such a weeding out has rid the force of the over-susceptibilities; the wise physician knows that this is not true and that the most vigorous and blooming men and women may be the ones to develop lead encephalopathy (see Tanquerel, page 5) or *benzene purpura hemorrhagica* (see Meda, page 471), and that the only way to guard against this is to keep constantly on the watch for the warning signs and then to remove the victim before serious harm has been done.

None the less, the author does not attempt to describe in detail the practical measures by which a factory or workshop may be rendered safe from toxic dust and vapors. That is the task, as she points out, for the engineer, rather than for the physician. And in truth Dr. Hamilton has in this book thrown the gauntlet to the engineers. The industrial physician has made clear the principles on which methods of protection must be based. We now have the why. What next is needed are studies and volumes matching this in caliber which will give us the how of prevention.

PAUL U. KELLOGG

INDUSTRIAL POISONS IN THE UNITED STATES, *by Alice Hamilton, A.M., M.D. Macmillan Co. 590 pp. Price $5.00 postpaid of The Survey.*

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IN AND OUT OF THE HEALTH WORKSHOPS

(*Continued from page* 136)

"Of course we have a full-time health officer," another city reports. Then it is found that he is a chronic invalid, who can put in, at the most, two hours work a day. His assistant's chief qualification seems to be the fact that he is a professional athlete.

"Of course we have an appropriation in our budget for the control of communicable disease," says another. Digging in, you find that in the past year it was turned back to the city (though there were many cases of "communicable") because no one was interested enough to use it.

Milk inspection in another city is found to cover the activity of an obliging city inspector who gives the dealers a chemical to put in their milk so that the samples analyzed by him will have a low count of bacteria. In another the milk and food inspector is a "vet" and chiropodist and spends much of his time practicing the latter profession in his city office. And so on, and so on. Another spends six cents a person a year for health; at present it is wallowing through an epidemic of small-pox. These are some of the troughs of which Sir Arthur Newsholme writes elsewhere, (p. 127).

On the other hand you have Cincinnati, one of the cities (and to this honor roll add Cleveland and East Orange, among others) which has put its principles into practice. It is scoring its own health work at regular intervals according to the appraisal form which has been accepted tentatively by the groups of health officers. Each bureau can find out how its work stands in relation to the practice and performance of other similar bureaus in cities all over the country. And yet a good score is not taken as an occasion for idle self-congratulation.

"We believe that in many instances standards are too low," writes Dr. W. H. Peters, the health officer of Cincinnati, to a member of the central committee which is working on the plan. "This accounts in a measure for some of the good scores which perhaps we do not deserve. . . . We make a perfect score in the laboratory, and yet we complain because we know we are understaffed. Some provision should be included for research work. . . . When we decide upon standard practice, procedure and record-making quantity of service will shrink and quality will be more conspicuous."

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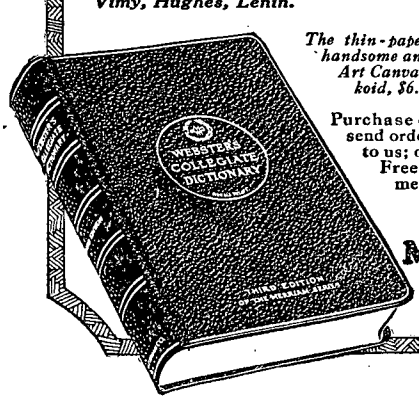

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(*Continued from page* 138)

creating public opinion, because it obviously was free from any suspicion of official control. It was not a case of an official department clinging to its powers and its jobs, but of a great citizens' movement refusing to sit by idly while a beneficent health law was to be emasculated and a department which was entering upon an unparalleled service to the people of the state was to be hamstrung for lack of funds. When the matter came to determination in a conference of the members of the dominant political party in the state legislature, the proposed repeal of the law and reduction of the appropriation found no support except that of the political leader himself. It was hastily and publicly dropped as a part of the party program, and never came to vote.

During this decade the voluntary agency did not set up for itself a fixed program of activities, irrespective of the official organization. It held its programs elastic. From year to year, it did those things which in its opinion would strengthen the state department, help it to secure larger appropriations and needed amendments to the laws and a wider and more convinced public opinion. The Department grew by leaps and bounds. Division after division, many of which had had little more than a paper existence, became vital centers of education, promotion and operation. A new and remarkable state laboratory, which I have heard Dr. Biggs refer to as the largest public health laboratory in the world, appeared in the outskirts of Albany, replacing a horse stable which had previously served that purpose.

IT was a glorious decade, one in which all who had even a very humble part may look back upon with profound satisfaction and great pride. Yet how very easily it might all have been very different, if there had been a different attitude and relationship between the official and voluntary agencies, if the voluntary agencies had insisted on a "go-it-alone" policy, or the public authorities had tried to control the voluntary agencies otherwise than by persuasion, and thereby had eliminated from such agencies their greatest element of strength in fighting for the Department before the legislature.

But it does not require the genius of a Dr. Biggs to insure good relations between public and private health agencies. Most public health officials are much more reasonable and much more responsive than we give them credit for. It is the duty of the voluntary agencies to make the approach, to keep the official authorities in the foreground, to offer to adjust their programs to the plans of the public authorities. It is always worth while to make this effort, even though the situation may seem most unpromising. After an experience of thirty-two years as the executive of an organization whose primary aim is cooperation with public officials, state, municipal, county and town, I am prepared to say that the instances in which helpful cooperation cannot be established are negligible in number, and that voluntary agencies can find their greatest usefulness only as supplementary to the public authorities and in close cooperation with them in joint programs, in which the leadership of the official authorities is a fact and is clearly seen to be a fact.

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THE SCHOOLROOM—A HEALTH FORCE

(*Continued from page 153*)

of so many pages of textbooks in so many craniums, but as a process of leading the child into the fullness of living. Health activities offer a new avenue of service to the child, and this has always been the goal of the best teacher. The normal schools and teacher colleges are now training their students for better cooperation in a school health program.

IS health education practicable? Every community which has tried it answers in the affirmative. For example, the city of Malden, Massachusetts, has tested this program, fairly but critically, in two school buildings during the last four years. This experiment, conducted without the investment of funds from outside sources, has convinced the school authorities, the teachers, the parents and the community that health education is sound. This year it is being adopted as part of the general school procedure. These studies have been carried out in cooperation with the Department of Biology and Public Health of the Massachusetts Institute of Technology which has already issued the first of a series of reports upon the specific results obtained.

In the opinion of the physicians, nurses and parents, the attempt to teach health habits to the Malden children resulted in clearly demonstrable improvements. The number of children who took milk at recess, for example, was increased from 16 per cent to 30 per cent of the school population. According to the judgment of 233 parents who carefully filled out questionnaires, there was an improvement in the amount of sleep, in habits of cleanliness, choice of food, and posture, in the cases of from 60 to 85 per cent of the children involved. Two-thirds of the parents reported an improvement in their children's health as evidenced by cheerfulness, absence of fatigue in the morning, and better appetite. The gain in weight among a group of undernourished children who had had these lessons in health was considerably greater than that of a similar group who did not have it.

Health is coming to be accepted as an educational objective and training in health is being made as normal and systematic a part of education as is training in courtesy, fairness and honesty. The motto of the Italian Institute of Hygiene declares: "Hygiene tends to make growth more perfect, decline less rapid, death more distant, and life stronger and happier." This is the conception of health and hygiene which underlies the health promotion activities of the modern schoolroom. Within the public school system the health specialists and the teacher will build into the fibre and conscience of the rising generation something of inestimable value for the future happiness of the American people.

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WARREN H. DENISON

I. THE LARGE CITY

(*Continued from page* 144)

are inspected and scored monthly, while the milk plants, where 98 per cent of the supply is pasteurized, are supervised by more frequent inspections and by laboratory methods. All the milk sold in the city whether pasteurized or raw is obtained from tuberculin-tested herds, approximately 25 per cent being of Grade A quality, including the 2 per cent of the total supply sold raw.

In New Orleans, Louisiana, a systematic sanitary inspection for the abatement of nuisances and control of breeding of flies and mosquitoes and the destruction of rats is carried on vigorously by the department on its own initiative and in response to complaints.

An interesting step in coordination of activity in Chicago has been the organization of a bureau of inspection service, the personnel of which comprises former quarantine officers, sanitary inspectors and food inspectors other than those assigned to technical meat and milk inspection. The city is divided into one hundred districts, two to each ward, and each inspector handles the quarantine work and general inspection in his district. Sanitary inspection includes not only the abatement of nuisances discovered as a result of citizens' complaints, but a systematic house-to-house inspection for the remedy of violations of the sanitary law and overcrowding; control of the sanitary condition of stables is maintained and suitable action is taken to control the fly nuisance. Particular emphasis is put upon the abatement of excessive smoke discharge from power and heating plants and factories. A comprehensive study of ventilation has been made and reasonable regulations instituted for the ventilation of places of public assemblies and public conveyances.

10. *Public Health Education.* Education of the public in principles of healthy living is a most important activity. The health department depends for its support upon the public and must keep the people informed of its activities and of the developments in the public health field. In most cities, however, public health education as a service of the municipal health department is still an ideal rather than an accomplished reality. In Detroit, a publicity director has charge of the educational work of the department. Weekly and monthly bulletins are issued, press stories and news items are prepared for the papers, a portable exhibit is utilized, and lectures are frequently given by members of the department staff to various civic clubs and local organizations.

Finally, it may be appropriate to refer to that form of public health education which is carried on by voluntary agencies devoted to experimentation with the newer forms of public health activity, to the criticism and helpful support of public authorities and private organizations exercising recognized and established health functions, to the mobilization of popular support for the community health program and to the general dissemination of information in regard to it throughout the community. However perfect the work of public health authorities may become there will always be need for a voluntary organization of this type in every progressive community.

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II. THE SMALL CITY

(*Continued from page 146*)

two plans, with an estimate of comparative cost, is given below:

Type of Service	*Specialized Nurses Number*	*Generalized Nurses (1:2,500 pop.) Number*
Administration	Director	Director
Administration*	2 supervisors	Asst. Director
Communicable Disease	2	
Venereal Disease	1	
Tuberculosis	1	20 field Nurses; 4 acting as super-visors
Maternity (Pre-natal, delivery, post-natal)	3	
Infant	4	
Pre-school	2	
School	4	
Care of sick	9	
Total	29	22
Budget (plus clerk and maintenance)**	$48,700	$38,400
Less estimated income from bedside nursing	3,250	2,560
Net cost	$45,450	$35,840
Per capita	90.9	71.7

The inclusion of nine nurses for bedside care of the sick has been based on conservative sickness surveys and the actual practice in a city with a well-established nursing service, and represents daily nursing service to fifty-nine individuals, exclusive of maternity patients.

Since the success of any nursing plan depends upon wise supervision, provision has been made for this in both plans. In the plan of generalized nursing four of the nurses which have had special training are unassigned to a district. These four nurses would assign and supervise the daily work of the remaining sixteen nurses, be principally responsible for the clinic work and act as vacation substitutes.

While it may appear too visionary to conceive of the entire public health nursing service of a city unified under one organization, the consequence of dividing the work among several organizations is chiefly the effect of duplicating the work, multiplying the administrative labor and increasing the cost to the community. In several cities as many as six organizations were found each employing only one or two nurses. It was usual to find three or four organizations each employing a small number of nurses.

THIS plan outlined is only a brief analysis of the amount of health protective service that a community of fifty thousand population can buy for approximately one dollar and a half per capita—the price that the "average" citizen pays without a thought many times over during the course of a year when he buys a theater ticket or a restaurant dinner. It makes no pretense of being ideal or of being a model to accept or reject as it stands. It is rather a plan which may serve as a useful basis of comparison with the small city's health activity and health expenditures, public and private. The specialist should see that his specialty is but a part of the whole, and the health officer, concerned in the development of a complete health service for his community, should find it a more concrete guide than he has possessed heretofore. The taxpayer will find it presents a reasonable bill.

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HEALTH WORK PAYS

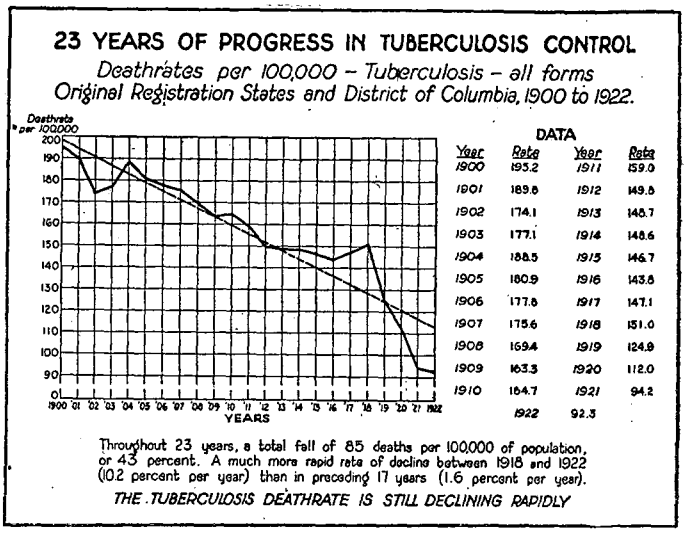
(*Continued from page* 126)

which occurred in Greater Pittsburgh in 1907, the direct cost was approximately $540,000, and that the 409 deaths from the diesease involved a life-waste of nearly $2,500,000. The life-waste from typhoid fever in Pittsburgh for the years 1904-1907 was estimated at $9,000,000 in community capital, or enough to have built the $5,720,000 plant of the city and the 41 additional filter beds for serving Allegheny City and the entire Pittsburgh urban district.

Even in a city like New York which has spent hundreds of millions of dollars to insure a safe water supply, the immediate returns are so large as to make it one of the best investments which the city has ever made. For it must be remembered that a supply of pure water not only reduces the mortality very appreciably but, what is perhaps even more important, cuts down a much larger amount of sickness. For every death from typhoid there are usually ten cases of serious, prolonged and very expensive illness. Among those who recover from typhoid fever there is double the expected mortality during the next three years. Furthermore, water supplies polluted with typhoid fever germs often carry other sources of illness which, if not as fatal, are conducive to widespread sickness and disability.

The health officer's ideal of no typhoid fever is still far from attainment even in the large cities of the country which, on the whole, have the best facilities for typhoid fever control. There were only two cities of 100,000 population or over in which there were no deaths from this disease during 1924. On the other hand, there were six cities which reported typhoid fever death rates above 10 per 100,000; one of them had a rate of more than 40. In certain states, especially in the South where there is a heavy rural and Negro population, the figures are still very high, indicating that there is much to be done along the lines of rural sanitation. But wherever a serious effort has been made to control the spread of typhoid fever, it has been effective, and at relatively small cost. Disease prevention is usually inexpensive; the salaries of health officers, sanitary inspectors and of nursing personnel are relatively small items, while the costs of sickness and of death are usually large and a crippling burden to any community.

A THIRD instance of the value of the public health compaign is the story of the reduction of diphtheria since the discovery of antitoxin by von Behring in 1894. At the end of the last century, diphtheria was one of the important causes of death, especially among children. In 1900, when the first registration figures became available, this disease had a death rate of 43.3 per 100,000. In 1923 the figure was 12.1. The rate has been reduced to hardly more than a quarter of that of twenty-five years ago. Today we are considering seriously the possibility of the complete elimination of diphtheria by 1930 in such large areas as the state of New York. Nor is this an idle dream; it is the ambition of responsible health agencies which are very conservative in their aims and plans. The almost precipitate drop in this disease is the reflex of the widespread use of antitoxin by physicians and health departments and more recently of the prevention of infection through the immunization of children. The health officers have been the responsible agents in this achievement in the preparation and distribution of antitoxin, the education of mothers, teachers and physicians, the supplying of facilities for the segregation of dangerous cases, the inspection of school children, and more recently, of wholesale Schick testing and of immunizing those who are susceptible. The expenditures for such service again are relatively small as compared with the value of the results obtained. The returns of the Committee on Municipal Health Department Practice show that child welfare work, including the control not only of diphtheria but of all other contagious diseases, cost only between seven and eight cents per capita a year in seventy-two of the larger cities of the country where information is available. In most communities an expenditure of about fifty cents per capita would provide adequately for the control of all communicable diseases including nursing service, hospitalization and other measures usually administered by health departments.


23 YEARS OF PROGRESS IN TUBERCULOSIS CONTROL
Deathrates per 100,000 – Tuberculosis – all forms
Original Registration States and District of Columbia, 1900 to 1922.
Deathrate per 100,000
YEARS
DATA
Year Rate Year Rate
1900 195.2 1911 159.0
1901 189.8 1912 149.8
1902 174.1 1913 148.7
1903 177.1 1914 148.6
1904 188.5 1915 146.7
1905 180.9 1916 143.8
1906 177.8 1917 147.1
1907 175.6 1918 151.0
1908 169.4 1919 124.9
1909 163.3 1920 112.0
1910 164.7 1921 94.2
1922 92.3
Throughout 23 years, a total fall of 85 deaths per 100,000 of population, or 43 percent. A much more rapid rate of decline between 1918 and 1922 (10.2 percent per year) than in preceding 17 years (1.6 percent per year).
THE TUBERCULOSIS DEATHRATE IS STILL DECLINING RAPIDLY

One might proceed in this manner and show that tuberculosis and other preventable diseases upon which public health efforts have concentrated have responded favorably to the work done, and that the results have more than justified the expenditures. The amounts available to health officers have been so meager and the improvement in health conditions have been often so striking that rarely has any criticism been directed at their work except by persons associated with cults and groups who either deny the existence of disease altogether or who question the validity of moddern medical practice as a whole.

We do not claim that the reductions in the death rate and in the sickness rate have resulted only from the activities which health officers have instituted. Allied to official public health work there has been the constant effort to raise standards of medical practice, to promote hygiene instruction in the schools, the movement for physical education and recreation, the activities of women's clubs and of journals devoted to home interests, the work of the life insurance companies, the rise of public health nursing, etc., etc. The health program of the last half century has had many irons in the fire; it has made use of a multitude of measures, some sanitary in character, others educational, and still others social and industrial. In addition to controlling the specific causes of disease, the aim has been to help break the chain of infection, to

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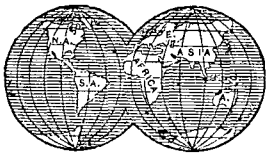
improve the general wellbeing of the population, to increase the resistance of children and, above all, to teach people to live more intelligently and happily. The sum total of such efforts has been responsible for the gains. But, in all of this, the health authorities and their associates in the private welfare agencies have been the center of influence. But for them, the other efforts would either not have arisen or would not have been carried out. They have often been influential in stimulating others to do what they have not done themselves.

IN the record of the last fifty years it is clear, first, that health work pays large returns; and, second, that we have not by any means exhausted the possibilities of our investment. When in a group of the larger cities of the country, the average amount spent for public health work is only fifty-two cents per capita, it must be obvious that we have barely scratched the surface. When the losses from ill-health and premature death are so great and so readily preventable, is it not an indictment not only of our better feeling, but also of our good judgment as a business people that we have been so slow to extend our efforts along approved lines? If a city can reduce its infant mortality a half by expending for a few years fifty cents per capita (and this has been demonstrated too many times to need repetition here), then it is bad judgment on the part of the city fathers if they delay their resolution and activity a day more than is necessary to organize the work for a successful conclusion. And the same may be said to a greater or less degree of those other agencies which a modern and well-conceived health department ordinarily would organize.

But, in periods of heavy municipal expenditure and of burdensome taxation by all branches of government, federal, state and municipal, those who are responsible for budgets may be especially skeptical. For them, it is possible to point to very specific demonstrations in the last ten or fifteen years which have shown, perhaps even more dramatically than the routine achievement of health departments, how profitable well-directed expenditures for health work may be. Again let me draw in the experience of the Metropolitan Life Insurance Company as a striking example of the economic soundness of a preventive and educational program. This business organization in the last fifteen years has expended a total of $18,709,000 in the conduct of its public health campaign for industrial policyholders. It has increased its annual budget for welfare work in response to an increasing demand for service and also to the increasingly favorable results of the work done. For in the interval, the mortality rate has declined more than 30 per cent, and the accumulated saving in mortality between 1911 and 1923 which can be ascribed only to the work of the Company has totaled the amazing sum of $35,000,000, nearly twice the total expended.

The Framingham Tuberculosis Demonstration, financed by the Metropolitan and conducted by the National Tuberculosis Association, cost $200,000 during the seven years of its existence. But during this interval the death rate from tuberculosis in Framingham declined from 121 per 100,000 for the decade preceding 1917 to 38 per 100,000 in 1923. During the same period the death rate from tuberculosis in a group of control communities declined 32 per cent, less than one half the Framingham (*Continued on page* 188)



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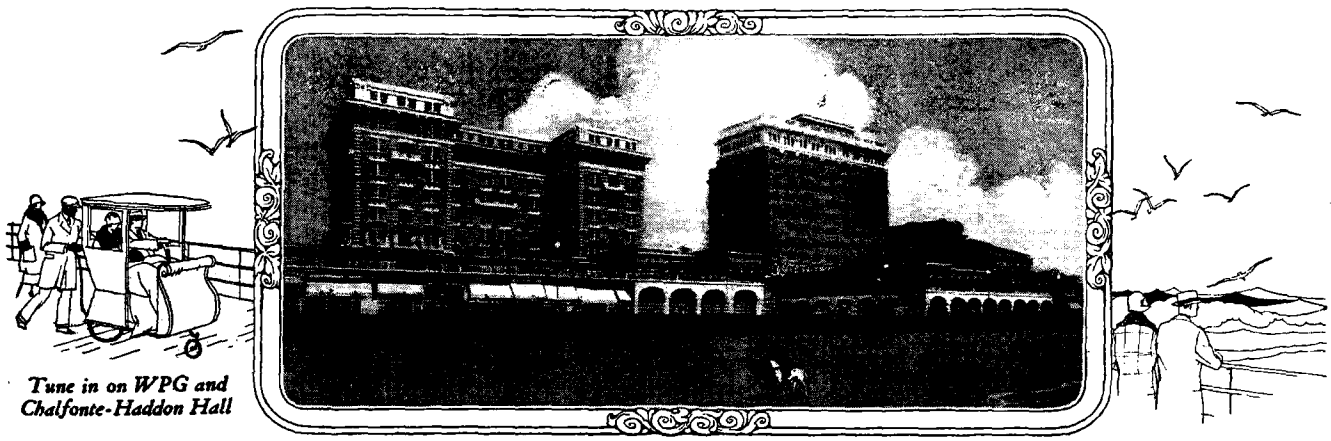

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HEALTH WORK PAYS
(*Continued from page* 183)

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